6-2019

Diversity Awareness and Multicultural Experiences in Psychology Graduate Students

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by

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Presented to the faculty of the

Graduate School of Clinical Psychology

George Fox University

in partial fulfillment

of the requirements of the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

June 2019

Diversity Awareness and Multicultural Experiences in Psychology Graduate Students

by

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has been approved

at the

Graduate School of Clinical Psychology

George Fox University

as a Dissertation for the Psy.D. degree.

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Date: June 21, 2019

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Abstract

Doctoral psychology students represent multiple interchanging cultural identities that influence their behaviors, attitudes, and interactions with others. While training the next generation of psychologists, psychology doctoral programs have the challenging but vital responsibility to incorporate diversity training into their curriculums. Diversity training along with graduate students' diversity awareness and experience work together to widen cultural mindsets (Chao, Kung, & Yao, 2015). The objective of this study was to explore variables associated with doctoral psychology students' diversity awareness and multicultural experiences. Furthermore, the study explored graduate students' insight into their own implicit biases, knowledge of issues of power and privilege, and cultural humility. This study is a mixed methods evaluation which collected quantitative data on doctoral psychology student hypothesizing that years of training, being a member of a diverse population, and gender will influence diversity awareness. Furthermore, the study predicted that multicultural experiences would be influenced by years of training, being a member of diverse population and gender.

Participants included doctoral psychology students from a program housed within a private liberal arts university in the Pacific Northwest. Two quantitative questionnaires were used to assess diversity awareness and cultural experiences of doctoral psychology students and two focus group interviews were conducted to further explore formative experiences in diversity training. Quantitative findings suggested that there was a significant difference between years of training on diversity awareness Furthermore there was a significant interaction between year of training and gender on diversity awareness. However, being a member of diverse population did not have a significant impact on diversity awareness. In contrast, results failed to support the hypotheses that years of training, member of a diverse population or gender influenced multi-cultural experiences. Themes from the focus group interviews were distilled and collapsed into three categories (a) experiences that increased awareness of implicit biases, power and privilege, (b) influences of those experiences on therapeutic relationships, and (c) definition of cultural humility and perspectives on effective ways to continue developing cultural humility. In sum, these findings outline student perspectives on effective diversity training methods in a doctoral psychology training program.

Keywords: psychology diversity training, psychologist diversity awareness, psychologist multicultural experience, psychologist cultural humility

Acknowledgments

I am incredibly thankful for the support of my committee who remained eager after each meeting and encouraged me to see this project through to the end. Dr. Jones, thanks for always being your true self! Throughout this dissertation process, your enthusiasm, authenticity, and humor made many of our long days enjoyable. To my consultation group, who began this project with me as just a class assignment, thank you! The three of you are the foundation of this project and I appreciate each of you immensely. Thank you for always advocating with me and for me. I am lucky to have met and become friends with such amazing women.

I sincerely thank the students of the George Fox University Graduate School of Clinical Psychology program for your willingness to participate in this study. I also wish to express my appreciation for the focus group participants. I remain in awe of your vulnerability and bravery. Thank you for being willing to share pieces of yourselves with me for this study.

I want to acknowledge my sincere appreciation to Drs. Lampert and Lowen for pushing me to believe in myself and to not shy away from my "magic." You were there to encourage me when I faced challenges and were two of my loudest cheerleaders when I celebrated success. I am extremely thankful for your wisdom, honesty, and support. Thank you for being and creating a safe space for me to feel comfortable being myself.

I am incredibly thankful for each of my friends. You all remained present and ensured that I made time for fun. To Denzel, Vise, and Jaz, thank you for never missing a moment and modeling for me the importance of showing up for others. I value each of you and am blessed to have friends who remain close regardless of schedules, locations, and careers. Thank you for

listening to me vent about things you probably never understood, and most of all thank you for your endless support. I love you all so much!

I want to acknowledge my amazing family. I am immensely grateful for each of you! To my fabulous five, Gran, Terrica, Heavyn, Harlee, and Harper, I would not be where I am today without your unwavering love and encouragement. You all have brought me so much joy and have instilled in me invaluable lessons that have molded me into the woman I am today. To my dear uncle in heaven, Keldric, I will always cherish the times we spent together laughing, exchanging stories about life, and discussing our goals. Thank you for loving and believing in me, my angel!

Finally, with a deep sense of gratitude, I want to thank my mom for always making my dreams come true! Mom, I am forever indebted to you for your selflessness as I needed you more than ever throughout this journey and you were always there. Thank you for reminding me of my strength when I felt weak, for giving me the courage to pursue my dreams, and for never allowing me to give up. Everything I am is because of you and I am so honored to be your daughter!

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Chapter 1

Introduction

Given the increasingly diverse composition of the United States population, the relative lack of diversity training research in graduate psychology, and the sizely negative impact of cultural biases on the delivery of effective psychological care, diversity training to improve cultural competence has become an increasingly important training consideration for psychology students. This study seeks to explore factors that impact diversity awareness in doctoral psychology students, with specific attention to how one's exposure to multicultural experiences influences their diversity awareness. As a backdrop for this study, however, broader diversity training in graduate psychology is reviewed. First, research on increasing racial/ethnic populations nationally is reviewed, arguing the importance of developing effective diversity training for psychologists. Second, the concepts of diversity competence, sensitivity, and humility are explored, as target outcomes for effective diversity training, including discussion on barriers to effective care for racial/ethnic diverse populations. Third, diversity training in psychology graduate programs is summarized, including descriptions of diversity training components and limitations of diversity training. Finally, aims of this study are summarized including how one's diversity awareness and multicultural exposure influence one's responsiveness to diversity training.

Importance of Diversity Training

Impacts of intersectional cultural identities. Diversity is all-inclusive, including race, ethnicity, nationality, disability, sexual orientation, religion, socioeconomic status, age, gender, and any intersectionality of multiple cultural identities. Secondly, the unique ways in which individual cultural identities intersect yield vast impacts on one's thought processes, social and emotional functioning, and behavioral functioning, while simultaneously shaping what individuals expect of others in these areas of functioning. One's assumptions, experiences, and interpretations of reality are formed by their background and history that in turn, are strongly influenced by culture and ethnicity (Wijeyesinghe & Jackson, 2012). In addition to this intersectionality of multiple interchanging cultural identities, there is additional complexity involved in one's inner world related to one's experiences in systems of oppression and privilege. Understanding these dynamics and systems is essential to success in human service careers, and even more paramount for psychologists.

Racial/ethnic identity defined. While everyone embodies many intersecting cultural identities, the focus of this paper is on racial/ethnic diversity. Racial identity has been defined as the degree to which individuals racially perceive themselves and share a common racial heritage with their racial group (Helms, 1990). Racial identity comprises the psychological variables that result from an integrated understanding of the self as a person with a race, a person with a racial group membership, and understanding that others use race to label the individual (Helms, 2007). Race can be defined as socially ascribed group membership according to perceived phenotype whereas ethnicity is a function of shared cultural values and experiences (Helms, 2007).

Diversity and psychology in the United States. The complexion of the United States is rapidly changing with the projection that by 2020, one out of every three Americans will be a person of color (American Psychological Association [APA], 2003; U.S. Census Bureau, 2010). Taylor (2016) reported that the racial/ethnic minority composition of the United States population increased from nearly 15% in 1960 to approximately 36% in 2010, with similar increases expected to continue. Furthermore, only 5% of psychologists in the American Psychological Association identify as Asian and Hispanic, 4% identify as Black/African American, and 1% identify as part multiracial. Relatedly, researchers have found that the lack of culturally similar and culturally sensitive therapists have prevented racial/ethnic diverse populations (REDP) from seeking counseling services. REDP have great need for services but are underrepresented in the mental health profession. Due to the lack of culturally diverse therapists, REDP lack the opportunity to choose a counselor with similar race. In response to increases in diverse populations and the growing discrepancy proportionally with diverse psychologists, the field of psychology has implemented initiatives to develop appropriate clinical treatment interventions for diverse clients from various REDP and other marginalized identities that properly consider the intersectionality of cultural identities. As such, more attention is being paid to cultural sensitivity and cultural effectiveness in the practice of psychology.

Multicultural Competence in Psychology

Cultural competence is at the foundation of many guidelines adopted by various mental health professions and is defined as the emphasis on skills, knowledge, and awareness when collaborating with REDP. Cultural competence involves work to identify hidden biases as well as gaining new and insightful knowledge. The American Psychological Association has

developed a set of guidelines for psychologists regarding diversity competence (APA, 2017). In describing diversity competence, these guidelines describe that the work of a psychologist benefits from the psychologist's "appreciation for, understanding of, and willingness to learn about the multicultural backgrounds of individuals, families, couples, groups, research participants, organizations, and communities" (p. 7-8). In addition, for the purpose of the Multicultural Guidelines, it is described that "cultural competence does not refer to a process that ends simply because the psychologist is deemed competent. Rather, cultural competence incorporates the role of *cultural humility* whereby cultural competence is considered a lifelong process of reflection and commitment." (APA, 2017 p.8; Hook & Watkins, 2015; Waters & Asbill, 2013). Further, the APA Multicultural Guidelines describe that diversity competence requires clinician *self-awareness*, including knowledge of one's own cultural worldviews, biases, and prejudices, while also including knowledge of the worldviews of the client, undergirding the use of culturally appropriate interventions. Third, clinician *cultural sensitivity* and responsiveness to clients' cultural expectations are necessary across the development of the therapeutic relationship, from the successful establishment of client-therapist rapport, to proper diagnosis, and mindful consideration of treatment interventions. In sum, rather than an attainment, diversity competence is better described as a commitment to an ongoing process to develop cultural humility, self-awareness, and cultural sensitivity. In addition, a commitment to diversity competence is founded on internal reflection, not simply describing a set of appropriate communications and behaviors for use in clinical service.

Multicultural competence in psychological practice. When committed to diversity competence, however, psychologists do strive to integrate multiculturalism into therapy in hopes

to foster helpful interactions with diverse clients and promote a more stable, cohesive therapeutic environment. As always, the most consistent and powerful predictor of positive therapeutic outcomes in psychotherapy, across various theoretical orientations, is the quality of the client–therapist relationship (Norcross, Lambert, & Hilsenroth, 2014), a relationship which, for REDP, often hinges on feeling known and understood culturally. Engaging in culture specific dialogue with clients allows the therapist to gain insight about the clients' lived experiences, which initiates an authentic development of an interpersonal alliance founded upon respect and assists in aligning the goals of therapy by allowing culture to influence treatment focus. Multicultural competence cultivates an accurate perspective of self and compassionately aligns the psychologist with client experiences. The practice of diversity competence in psychological practice places high value on increasing respectful, mutual therapeutic relationships that produce honest dialogue and collective input as well as create a safe space for emotional processes. In order to do this, psychologists must develop and practice cultural humility as well as cultural self-awareness.

Cultural humility as a psychologist. Cultural humility is an important part of developing and practicing diversity competence as a psychologist. Cultural humility focuses on the process, values, and interactions between the therapist and client (Hook, Davis, Owen, & DeBlaere, 2017; Hook et al., 2013). Foronda, Baptiste, Reinholdt, and Ousman (2016) outlined cultural humility as a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals Cultural humility is a continuous learning process and involves the acceptance that an individual's current cultural knowledge is limited. It is an everlasting desire to learn from others, a thriving motivation for ongoing critical

self-examination of personal cultural biases while developing relationships that address power imbalances, emphasizing interpersonal respect, and encouraging attitudes toward orienting to the needs of clients. This framework works to create a thorough understanding of other cultural identities that surpasses surface level recognition and highlights the overlap of many cultures.

Intrapersonal components. Intrapersonal components of cultural humility are key to the therapist's personal and professional growth, components which focus on deep reflection by analyzing and critiquing cultural biases while simultaneously fostering cultural maturation. Therapists who are culturally humble carefully consider how their worldview and cultural identities impact their professional and personal decisions.

Implementation. The focus of cultural humility centralizes the goal of a therapist to develop a strong therapeutic alliance with greater gratitude of the cultural beliefs, attitudes, and values that aid in the process of healing. Culturally humble therapists actively focus on learning from their clients, explore ways to a build respectful alliance with their clients, and remain motivated to gain more knowledge about REDP cultures. While working on cultural humility, therapists should accept new information, exhibit interest in learning from their clients' unique experiences, and be comfortable discussing culture as the topic develops in therapy over time. The approach and process of cultural humility can initiate the foundation of long-lasting therapeutic alliances which lead to greater therapy outcomes.

Importance of therapist cultural awareness and self-awareness. In addition to cultural humility, psychologists must develop and practice cultural self-awareness in order to demonstrate diversity competence. Cultural self-awareness includes understanding our historical and current cultural context and the many aspects of our identities, including social location,

ethnicity, class, gender, and ability. It also includes awareness of the effects of one's behavior on others, and changing behaviors that no longer serve healthy growth or relationships (Butler-Byrd, Rodolfa, Lowe, & Davis, 2010). APA Ethical Standard 3.01 underscores the importance of this for psychologists, indicating, "In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis proscribed by law." (APA, 2017, p. 6). Research has demonstrated that acknowledgment of the therapists' own latent cultural biases is critical because of how those biases influence therapists' ratings of adjustment, predictions of client behavior, treatment planning, and diagnoses (Tadmor et al., 2012). When therapists acknowledge their biases and understand more about their clients' cultural background and experiences, these understandings strengthen the therapeutic alliance (Mosher et al., 2017). Cultural awareness highlights an individual's premeditated hierarchy of beliefs and values. Those who are culturally aware can compare their own biases and values with differentiating points of view accurately, which grants individuals the ability to perceive that their worldview is an internalization of a cultural perspective rather than universal truth (Fowers & Davidov, 2006). Cultural self-exploration exposes relevant insight that individual beliefs are confined and only relative to an individual's background (Fowers & Davidov, 2006). This further exposes the painful reality that all biases and practices consumed by our own cultures are part of one worldview among various others (Fowers & Davidov, 2006).

Barriers to effective psychological care for minority populations. In addition to outlining action points for the development of diversity competence of psychologists, it is also important to acknowledge existing research outlining the limitations and barriers of

psychotherapy for REDP. Barriers to care for REDP include fear of mistreatment, distrust of providers, history of systemic discrimination, stigma, health literacy, and socioeconomic status, amongst other factors (APA, 2017). Relatedly, psychotherapy dropout rates among REDP are generally higher than those found among White American clients (e.g., de Haan, Boon, Jong, Geluk, & Vermeiren, 2014; Jiang et al., 2015).

Research on the limitations of counseling for REDP also outlines the occurrence of microaggressions in psychotherapy which act as a barrier to effective clinical practice with racial/ethnic minority (REDP) clients (Constantine & Mallinckrodt, 2007; Owen et al., 2011; Owen, Tao, Imel, Wampold, & Rodolfa, 2014). Racial microaggressions have been defined as "brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group" (Sue et al., 2007). The two most common microaggressions that occur in psychotherapy are therapist denial of personal bias and avoidance of dialogue on cultural issues. Denial of one's own bias may result in clients feeling misunderstood and unsafe (Hook et al., 2016). In addition, racial microaggressions in counseling are related to lower levels of perceived counselor competence and diversity competence (Constantine & Mallinckrodt, 2007), lower working alliance (Owen et al., 2011, 2014), lower psychological well-being (Owen et al., 2011, 2014), lower satisfaction with counseling (Constantine & Mallinckrodt, 2007), and less intention to seek counseling in the future (Crawford, 2011). Additionally, rather than avoiding conversations about culture, therapists who initiate these conversations gain meaningful insight regarding the influence of the client's culture on their ability to prosper in therapy (Hook et al., 2016). Researchers have additionally outlined four practitioner barriers to culturally-

sensitive care, including lack of awareness, limited engagement with diverse clients, and insufficient training (Chu et al., 2017).

Importance of Diversity Training

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Diversity Training in Psychology

Diversity training mandates in doctoral psychology training programs. Training programs have worked to facilitate trainee development of awareness, knowledge, and skills as part of developing diversity competence (Blair, 2017). Many efforts have been in response to accreditation bodies identifying diversity as a profession-wide competency, requiring training programs to implement training components that address diversity competency. Additionally,

student attitudes influence their development of diversity competency, a factor that is important to attend to in shaping effective training methods.

Regarding training mandates, the American Psychological Association Commission on Accreditation (APACOA), outline Standards of Accreditation for Health Service Psychology which included diversity training as one of nine profession-wide competencies. These guidelines require that programs create and implement training to ensure trainee and graduate preparation to serve a diverse public (APACOA, 2015). In compliance with these guidelines and aspirations, training programs protect the authority of educators and trainers to determine standards of professional competence necessary in service to a diverse public, including the responsibility to prepare, evaluate, and remediate trainees to these standards.

Influence of student attitudes on diversity training. Beyond the influence of profession-wide values, training program components, and the implementation of diversity training, diversity training is impacted by the students' own attitudes. Two main student attitudes that have been found to be barriers to growth are attitudes of resistance/reluctance and ambivalence (Venner, Verney, & Brown, 2015). Student reluctance can be conceptualized at three levels: student characteristics (defensiveness or passive–aggressive communication styles), reactions to course content, and positive or negative feelings toward the instructor (Jackson, 1999). Ambivalence is described as one's desire to maintain the status quo or simply not to make any changes at the current time, also referred to as "sustain talk" (Miller & Rollnick, 2013). Students in ambivalence may feel helpless to combat racism, defaulting instead to inaction. The impact of student attitudes on their learning adds another layer of complication in the implementation of effective diversity training models for psychologists. Attention is now turned

to the specific methods that training programs have used to address the important and complex task of implementing effective diversity training in doctoral psychology programs.

Training Components for Diversity Competence

Many pedagogical strategies have been developed by training programs in the interest of fostering diversity competence. The field of psychology has lagged behind the field of counseling in emphasis on diversity training, perhaps due to more focus on the self and individual than on systems influences in general. However, there is likely some generalizability of findings from research on diversity training in counseling training programs, so those findings are discussed throughout the following methods.

Training methods discussed below are organized into content-focused and process-focused components, paralleling broader pedagogical discourse in higher education (Ginsburg, Kompf, & Denicolo, 2013). Content-focused approaches are focused on skill and knowledge development, and here describe the specific structures embedded in training programs that facilitate diversity training (e.g., coursework, clinical work, research, supervision). Process-focused training components here describe *how* the training in specific structures occurs, for example, attending to issues of avoidance and instances of microaggressions.

Content in diversity training. Regarding content-focused approaches to diversity training in doctoral psychology programs, some components that have been studied have included coursework (a single course versus content across courses), clinical experiences with diverse populations, research with diverse populations, diverse faculty member mentorship, diverse supervisors, intensives, and difficult dialogues.

Academic approaches. Most of the present research on diversity training coursework is drawn from the field of counseling, with mixed results. In two studies, diversity training through courses and workshops were found to significantly improve cultural competence for counselors (Castillo, Brossart, Reyes, Conoley & Phoummarath, 2007; Estrada, Durlak, & Juarez, 2002). However, two other studies found coursework to be ineffective as a diversity training modality. One, on self-report cultural competence in counseling education explored the impact of two hours of coursework in diversity training, finding no significant impact on cultural competence (Lee & Khawaja, 2013). Secondly, Vereen, Hill, and McNeil (2008) found that the number of diversity classes that students attended did not impact their diversity competence.

Regarding psychology training, a review of APA-Accredited doctoral psychology training programs indicates variability in the amount of coursework and lecture time committed to diversity training, with some models integrating diversity training across a majority of courses, and some models focusing diversity training in one specific class. Additionally, group-based training faces the challenge of meeting the training needs of students from diverse perspectives and with varying levels of diversity awareness and experience, factors which impact one's diversity training needs (Curtis-Boles, Bourg, & Rodolfa, 2010).

Intensives. The grand rounds model has been utilized for decades as an avenue for exposing trainees to new literature, enhancing professional competency and skills, and encouraging dialogue about various clinical topics (Hull, Cullen, & Hekelman, 1989; Stites & Warholic, 2014; Van Hoof, Monson, Majdalany, Giannotti, & Meehan, 2009). While grand rounds may cover many topics, diversity grand rounds allow the opportunity for students to integrate concepts taught in diversity courses (Stites & Warholic, 2014). Psychology trainees

have reported greater levels of diversity competence post-graduation and practicum training settings where they were enrolled in diversity courses, and were offered trainings that increased their awareness of diversity issues (Lee & Khawaja, 2013).

Supervised clinical experiences with diverse clients. In addition to diversity education, supervision of clinical experience is a critical, multilayered training opportunity, foundational to the development of diversity awareness and competence for psychology trainees (Roysircar, Dobbins & Malloy, 2010). Skilled diversity supervisors are able to assist student assessment of their self-awareness, bringing openness to dispelling stereotypes and increasing willingness to work with colleagues and clients who are from different cultural backgrounds. Building awareness of one's personal biases can be difficult through education courses only, with awareness perhaps more dependent on life experiences. Indeed, the most effective diversity supervision fosters the development of clinical skills as well as provides a model for discussing and processing diversity-related topics with clients (Murray-Garcia et al., 2014). In addressing the diversity training component of competency-based education in professional psychology, Roysircar et al. (2010) encourage supervisors to address cultural dynamics in their supervision, routinely initiating conversations about diversity, and processing power-related concerns early in the training process. In order to do this effectively, Roysircar et al. (2010) listed the following as characteristics of supervisors that are essential to effective diversity training in clinical supervision: supervisor awareness of their own racial, cultural, sexuality, class, and ability values; openness, vulnerability, and self-disclosure; sincere commitment to attending to and exploring cultural factors; and provision of training opportunities with diverse populations to supervisees. Other research (Wong, Wong, & Ishiyama, 2013) explored diversity supervision

using an analysis of critical incidents and found that the following supervisor characteristics helped in diversity supervision: (a) personal attributes of the supervisor, (b) supervision competencies, (c) mentoring, (d) relationship, and (e) diversity supervision competencies. Additionally, Wong et al. (2013) reported hindrances to diversity supervision to be: (a) personal difficulties as a visible minority, (b) negative personal attributes of the supervisor, (c) lack of a safe and trusting relationship, (d) lack of diversity supervision competencies, and (e) lack of supervision competencies. Finally, these same researchers noted that participants experienced personal growth through both positive and negative critical incidents, showing that personal growth was more impacted by how both kinds of incidents were handled in supervision.

Research experiences with diverse participants. Human subjects research is another significant area of training for psychologists, and another potential modality for diversity experience and training. However, there are several barriers that make research experience with diversity populations difficult to complete. Socioeconomic disparities limit access to general care and research opportunities for diverse populations. Additionally, there is a history of exploitation of diverse populations by broad health research (e.g., Tuskegee Syphilis Study; Alsan & Wanamaker, 2018), and the discipline of psychology, leading diverse populations to lack trust in research. Third, researchers who lack experience with diverse populations are less likely to be perceived as culturally competent, leading to lack of trust in researchers themselves.

Access. Research study dropout rates among diverse populations are generally higher than for the White population (e.g., de Haan et al., 2014; Delphin-Rittmon et al., 2015; Jiang, et al., 2015; Thompson-Brenner et al., 2009). These participation rates may dissuade researchers from recruiting diverse populations, perceiving them as less likely to comply with a research

protocol to completion (Fisher & Kalbaugh, 2011). With many researchers believing that diverse populations will not be able or willing to comply with the research study to completion, they are less likely to invite diverse participants. Finally, in situations of socioeconomic disparity for diverse populations, limited access to general health care is experienced, let alone access to research participation (Fisher & Kalbaugh, 2011).

Mistrust. In addition to access as a barrier to research participation with diverse populations, fear of exploitation or not being made fully aware of risks involved precludes willingness to participate in research (George, Duran, & Norris, 2014). Scholars have suggested that physicians' biases affect their treatment planning, interactions, and beliefs about their client's compliance with complex treatment interventions (Fisher & Kalbaugh, 2011). Thus, in addition to mistrust about research in a general, diverse populations have expressed high levels of mistrust in health care providers. For instance, one in four African Americans have expressed high levels of mistrust in physicians (Corbie-Smith, Thomas, & St. George, 2002), related to concern about provider bias, false perceptions by providers, and prejudices surrounding medical decisions. For these reasons and more, psychologists in training often lack exposure to diverse populations in research.

Process in multi-cultural training. Regardless of whether diversity training occurs in academic coursework, clinical practice and supervision, or in research, broaching the topic of diversity is often a high intensity endeavor, stirring strong emotional responses in those involved (Curtis-Boles et al., 2010). Because of this, a few process considerations are explored here, emphasizing effective ways to engage in diversity dialogues across modalities of diversity training.

Difficult dialogues. Difficult dialogues on race have been defined as threatening conversations or interactions between members of different racial or ethnic groups (Sue & Anderson, 2013). These dialogues are viewed as hostile and are approached with caution due to the issues often discussed related to racism and biases. Sue, Torino, Capodilupo, Rivera, and Lin (2009) explained that racial dialogues are difficult for faculty and students as each group reported fear of having their prejudices, thoughts, and beliefs revealed to others. However, these authors also identified benefits of difficult dialogue to include- increased awareness of personal biases (also reported by Murray-Garcia et al., 2014), increased empathy for diverse experiences, desire to continue difficult dialogue, and acknowledgment of power, privilege, and oppression in society. With all of these as important diversity training outcomes, students who are training in health professions need the opportunity to practice substantive, cross-cultural dialogue (Murray-Garcia et. al., 2014). Murray-Garcia et al. (2014) suggest that health profession educators who engage in this dialogue play a key role in reducing racial inequalities by actively promoting and modeling the value of constructive cross cultural dialogue as an essential skill and priority.

Frequency. Difficult dialogues are intense and impactful conversations that should happen often during training as trainees acquire clinical skills needed to mitigate racial inequalities. A one time or "only for convenience sake" educational training does not embrace the importance of difficult dialogues and risks the conversations being viewed as a low priority. Increased frequency allows sufficient space for follow-up after vulnerable experiences have been shared and the reality of racism has discussed (Murray-Garcia, Harrell, Garcia, Gizzi, & Simms-Mackey, 2005).

Encouraging racial dialogues. Willow (2008) and Young (2004) report that racial dialogues that are efficiently and safely facilitated have dispelled stereotypes, promoted mutual understanding and respect, increased compassion, and reduced prejudice. To implement effective and safe dialogue, professors should be equipped to respond to various levels of knowledge and lived experiences with respect that fosters learning of students' racial attitudes. Psychology training programs and professors are encouraged to create safe learning environments for all students that initially tolerate and facilitate difficult dialogues regarding race. In order to build the skills needed to do this, new teaching strategies have been identified which assist professors in acknowledging feelings, offering self-disclosure of lived experiences with students, and actively welcoming and engaging in the classroom conversation (Venner et al., 2015).

Barriers to difficult dialogues. There are many barriers that impede faculty and supervisor efforts to facilitate difficult dialogues. Some scholars believe that White educators perceive racial topics as taboo, and discuss them only superficially, with high levels of anxiety that distort their communications (Young, 2004; Young & Davis-Russell, 2002). Other research has outlined defensive maneuvers employed by White educators that dismiss, negate, or avoid racial topics (Watt, 2007). In order to inform increased utilization of difficult dialogue, specific barriers to its implementation are explored here.

One barrier, as outlined above, is faculty/supervisor fear that personal biases may be exposed (Venner et al., 2015). Secondly, faculty/supervisors have specific learning objectives and content to cover in each meeting, so an unexpected difficult dialog may subsume far more time than planned (Sue & Constantine, 2007; Watt, 2007). Whether the dialogue is effective or not, the level of emotional arousal of having engaged in a difficult dialogue limits the amount

and quality of ongoing learning for that meeting (Venner et al., 2015). Third, faculty/supervisors often lack training in diversity considerations, which contributes to helplessness and low confidence in their ability to recognize and/or facilitate difficult dialogues (Sue & Constantine, 2007; Watt, 2007). Fourth, faculty/supervisors are aware that student evaluations of their work are considered by administrators to be important markers of one's teaching effectiveness. Because of the role of student evaluations in career development (e.g., in promotion and tenure processes), faculty/supervisors must ensure that their courses are not only pedagogically sound, but also enjoyable and comfortable for students. Difficult, intense, and uncomfortable dialogues increase the risk of negative student perceptions, as well as the risk of unnecessary antagonisms between students and educators (Sue et al., 2009). Fifth, and finally, institutions themselves may demonstrate a reluctance to address racial issues (Sue et al., 2011).

Addressing majority-group avoidance. In order to facilitate student engagement in difficult dialogues, majority students must be encouraged to acknowledge and work through their own fears of these conversations, as well as guilt related to their majority identity. Majority student fear and guilt may be demonstrated and communicated in a variety of ways, including minimization of the importance of the topic, minimization of the experiences of other students, refusal to participate in self-reflection, and attempts to curtail the emotional processes of others. Addressing these patterns may be more effectively done in individual interactions, attending also to the student's level of diversity awareness development.

Addressing microaggressions. Racial microaggressions are brief and commonplace daily verbal, behavioral, and environmental indignities that often unintentionally convey hostile, derogatory, or negative racial slights or insults to persons of color (Sue et al., 2007). Difficult

dialogues are often triggered by racial microaggressions from majority-group members who often lack awareness as to the hurtful nature of their actions. Past research has demonstrated that when microaggressions are not effectively addressed in education, student learning is negatively affected (e.g., Boysen, Vogel, Cope, Hubbard, & Stevenson, 2009). In addition, the experience of microaggressions depletes the energy of students of color, further affecting their abilities to learn and demonstrate knowledge (e.g., Sue et al., 2009).

Importance of peers and faculty of color. Another process consideration in diversity training is the impact of having peers and faculty of color. Students from diverse backgrounds often report that they are prevented from bringing up race topics for fear of negative consequences (i.e., offending fellow students or professors, being isolated or avoided, and risking their chances to obtain good grades and graduate) or by refusals from White classmates to discuss them (Feagin, 2001; Sue, Capodilupo & Holder, 2008; Willow, 2008; Young, 2004). In diversity courses, it is beneficial that racially diverse students have peers present who are of similar ethnic backgrounds whom they feel they can relate to and be supported by in the classroom. Students of color often feel abandoned (Aragón, Dovidio, Graham, & Worthington, 2017) and experience greater degrees of attrition (Renninger et al. 2015), explicitly indicating how essential safe support systems are for these students.

Expectations to be the "expert." An additional process consideration is when diverse populations feel pressure to speak on behalf of their diverse group, or feel pressure to educate peers. Diverse students gain a multifaceted understanding of society's racial realities through daily interactions and exposure, but there is danger in assuming the backgrounds of these students render them "experts" on issues of race and culture. Hoskins (2003) suggests that this

type of assumption can result in privileging the learning needs of White students at the costs of diverse students by using diverse students to represent and teach about cultures, and making the learning needs of White students the focus. Regarding multiculturalism, although diverse students may have rich contributions, these students also benefit from broadening their understanding of diversity topics alongside their White peers.

Impact of Multicultural Experiences on Diversity Awareness

Beyond the specific components of diversity training content and process, still other factors influence one's responsivity to diversity training. Research on the Developmental Model for Intercultural Sensitivity (DMIS) describes differences in cultural worldviews and how those impact one's ability with intercultural communication competence (Barker, 2015). Individuals with more rigid and monocultural views on diversity are less likely to benefit from or fully understand abstract discussion of diversity-related issues (Davis & Harrison, 2013). Rather, multicultural experience may be more likely to broaden cultural mindsets (Chao, Kung, & Yao, 2015). For instance, studies have shown that White trainees with less aggressive racial attitudes benefitted from diversity trainings and reported a more evolved diversity knowledge. However, White trainees with more aggressive racial attitudes did not seem to find benefit or report a more developed diversity knowledge as a result of diversity trainings (Chao et al., 2015). In addition, diverse students have been found to benefit differently from diversity training (or from different components) than White peers. As such, incorporation of multicultural experience is an important element of diversity training in any discipline.

Multicultural experience has been found to have many benefits, including increased interpersonal tolerance, reduction of stereotypes, decrease of intergroup biases, and reduction in

the power of historic racism (Tadmor et al., 2012). Further, exposure to various diverse populations improves individual willingness to seek new experiences and knowledge from diverse populations while also generating more positive views and increased understanding of other cultures. With each new cultural experience, people become exposed to more information including behaviors, values, and norms that are distinct from, inconsistent with, and even contradictory to their internalized representations of the related cultural group (Tadmor et al., 2012). As individuals engage with individuals from diverse populations, the beliefs and stereotypes about those groups decrease as their personal experience and knowledge increase.

Because graduate students' level of diversity awareness and multicultural experience impacts the efficacy of various diversity training modalities, any exploration on efficacy of diversity training benefits from including assessment of student diversity awareness and multi-cultural experiences. This is a likely limitation of prior efficacy research in large-group diversity training. While recognizing the value of the many modalities of diversity training in graduate psychology, the aim of this study is to explore the variables associated with diversity awareness and multicultural experience of psychology graduate students, informing ongoing development of effective diversity training for psychology graduate students.

Quantitative Hypotheses

Diversity awareness.

1. Doctoral psychology students who are later in their training will have increased diversity awareness (as measured by the MAKKS) compared to students earlier in their trainings.
2. Students who are members of a diverse group will have increased diversity awareness compared to students who are not members of a diverse group.

3. Gender will impact diversity awareness.

Multicultural experiences.

1. Doctoral psychology students who are later in their training will have increased multicultural experiences as compared to students earlier in their trainings.
2. Diverse group membership (diversity background regarding race/ethnicity or sexuality) versus non-diverse group membership will also impact multicultural experiences.
3. Gender will impact multicultural experiences.

Qualitative Aim

The aim of the qualitative study was to explore student perceptions regarding what experiences were formative in shaping their diversity awareness during their graduate training. Specifically, we sought to understand how students' experiences influenced their awareness of (a) own implicit biases, (b) issues of power and privilege, and (c) the influence of these experiences on the therapeutic relationship. The final two questions explored cultural humility, including (d) definition of cultural humility, and (e) effective ways to develop cultural humility.

Chapter 2

Methods

Design

This study was a mixed-methods design to gather quantitative data on variables impacting diversity awareness and multi-cultural experiences and qualitative data on students' observations of diversity training. Specifically, students participated in a structured interview exploring insights into their own implicit biases, knowledge of issues of power and privilege, and cultural humility. Two quantitative questionnaires were used to assess diversity awareness and cultural experiences of doctoral psychology students. As a follow-up to the quantitative data, focus groups were conducted to explore student perceptions regarding their diversity awareness and experiences in more depth.

Participants

Participants in this study were doctoral psychology students at George Fox University Graduate School of Clinical Psychology. In the quantitative study, 69 students participated. Informed consent and demographic information such as age, gender, race/ethnicity, year of training in the program (cohort), sexual orientation. Of the 69 participants in the quantitative study, 45 were female (65.2%) and 24 were male (34.8 %). Regarding race/ethnicity, 47 were Caucasian (68.1%), seven were Latin/x/Hispanic-American (10.1%), two were Asian American (2.9%), two were Middle-Eastern/Arab-American (2.9%), ten were Multiracial (14.5%), and two elected not to respond. Regarding year in training, 20 were in their first year (29%), 24 were in their second year (34.8%), 13 were in their third year (18.8%), and 12 were in their fourth year

(17.4%). Regarding sexual orientation, 61 were heterosexual (88.4%), four were gay or lesbian (5.8%), three were bisexual (4.3%), and one identified as "mostly heterosexual" (1.4%).

For the qualitative study, two focus groups consisted of ten and five participants, respectively, and were comprised of invited individuals from each cohort and from student leadership groups (Multicultural Committee, Student Council). Of the 15 participants in the qualitative study, 11 were female (73.3%) and four were male (26.6%). Regarding race/ethnicity, four were Caucasian (26.6%), two were Latin/x/Hispanic-American (13.3%), one was Asian American (6.6%), one was Middle-Eastern/Arab-American (6.6%), and seven were Multiracial (46.6%). Regarding year in training, six were in their first year (40%), five were in their second year (33%), and four were in their third year (26.6%). Regarding sexual orientation, 13 were heterosexual (86.6%), two were gay or lesbian (13.3%).

Materials

Multicultural Awareness, Knowledge, and Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991)**.** The MAKSS is a 60-item self-assessment that assesses an individual's diversity awareness, knowledge, and skills in diversity counseling. Only the MAKSS Awareness Scale (items 1-20) were used in this study. Cronbach's alpha has been measured at .75 (Narvaez, Endicott, & Hill, 2009). In this study, Cronbach's alpha was .60.

Multicultural Experience Questionnaire (MEQ; Narvaez et al., 2009)**.** The MEQ is a 15-item, two-factor self-report scale developed to measure an individual's multicultural experiences and attitudes. The MEQ includes two main scales: Multicultural Experience and Multicultural Desire. Cronbach's alpha has been measured at .80 (Narvaez et al., 2009). In this study, Cronbach's alpha was .66.

Focus groups. Traditionally, focus groups are group interviews used to collect essential information on a specific topic. This form of qualitative research is common in data collection where the facilitator can receive more in-depth insights, experiences, beliefs, and values from member of the group. Focus groups uniquely provide opportunities where participants can reveal and highlight diverse experiences while promoting interactions between group members. The questions asked during the focus group interviews are carefully created to align with the group's topic and allow for open-ended answers.

In this study, focus group interviews were used to provide an environment in which participants could freely raise and discuss issues of importance to them, thus ensuring the collection of rich and multifaceted data grounded in the participants' own experiences (Bloor et al., 2001; Morgan, 1997). Questions included the following:

1. Describe a formative experience that increased your awareness of your own implicit biases,
2. Describe a formative experience that increased your awareness of issues of power and privilege,
3. How do those experiences influence your therapeutic relationship with clients who are different from you?
4. How do you define cultural humility?
5. What do you think is the most effective way to continue developing cultural humility?

Procedure

Prior to data collection, this study was approved by the George Fox University Human Subjects Research Committee.

Quantitative study. During a bi-monthly department-wide social event, students were informed about the research opportunity and were invited to participate. Students were emailed a link leading them to an electronically administered survey with demographics questions and, the two questionnaires (see Appendix A and Appendix B), and an informed consent (see Appendix D). Participation in the anonymous survey demonstrated informed consent. Average completion time was 12 minutes.

Qualitative study. Following the analysis of this data, focus group interview questions were formulated based on the quantitative findings, to further explore participants' diversity awareness and experiences. Upon accepting the invitation to the interview, informed consent was completed (see Appendix E), which included permission to audio record the interview. Participants were informed that the interview would be transcribed using an online transcription service. There were five questions asked during the structured interviews (seeAppendix C). Each interview lasted two hours.

Data Analysis

The quantitative data were analyzed with multivariate analysis of variance using the Statistical Package for the Social Sciences (SPSS). The qualitative data were analyzed using qualitative content analysis (Coffey & Atkinson, 1996) focusing on identifying patterns across the data and comparing information across the two focus group interviews.

Chapter 3

Results

Quantitative Study

Descriptives. The Multicultural Awareness, Knowledge, and Skills Survey- Awareness Scale (MAKSS Awareness) was administered to all 69 participants (M = 56.28, SD = 4.36) and the scores ranged from 47 to 68. The MAKSS Awareness scores were normally distributed with skewness of 0.32 (SE = .0.29) and kurtosis of -0.11 (SE = 0.57). The results on the Multicultural Experiences Questionnaire Total Score (MEQ Total) ranged from 39 to 66 (M = 52.77, SD = 5.86) with a normal distribution (skewness M/SD = -0.20/, kurtosis M/SD = -0.50/). The results on the Multicultural Experiences Questionnaire Experiences Scale (MEQ Experience) ranged from 15 to 39.86 (M = 28.29, SD = 5.10) with a normal distribution (skewness M/SD = -0.15, kurtosis M/SD = -0.23). The results on the Multicultural Experiences Questionnaire Desire Scale (MEQ Desire) ranged from 18 to 29 (M = 24.49, SD = 2.52) with a normal distribution (skewness M/SD = -0.46, kurtosis M/SD = -0.16).

Main effects and interactions. It was hypothesized that there would be significant differences on MAKSS Awareness and MEQ Experiences based on year of training, so that students who were later in their training would have increased diversity awareness and experiences as compared to students earlier in their training. MAKSS Awareness and MEQ Experiences scores were also hypothesized to differ based on gender, and diverse group membership (diversity background regarding race/ethnicity or sexuality) versus non-diverse group membership.

A two-way MANOVA was conducted to determine the effect of year of training, gender, and diverse group membership on two dependent variables of MAKSS Awareness and MEQ Experiences. MANOVA results revealed significant differences among the year of training categories on MAKSS Awareness (Wilks' $\Lambda = .714$, $F(6, 106) = 3.24$, $p = .006$; see Table 1). The effect size of these mean differences is small, $\eta^2 = .155$. Post hoc analysis on year of training categories showed that fourth-year students demonstrated significantly more diversity awareness than second-year students, and both fourth- and second-year students demonstrated more diversity awareness than first-year students. Table 2 shows the mean MAKSS Awareness scores as a function of year in training. Main effects of diverse group membership and gender were not significant, and no interaction effects were significant either.

Table 1

MANOVA Summary Statistics

	df1	df2	Wilks' Λ	F	*p*
Year in Program	6	106	.71	3.24	.36
Gender	2	53	.96	1.12	.33
Diverse Group Membership	2	53	.96	1.04	.36
Year in Program x Gender	6	106	.84	1.63	.15
Year in Program x Diverse Group Membership	6	106	.82	1.82	.10
Gender x Diverse Group Membership	2	53	.97	.81	.45
Year in Program x Gender x Diverse Group Membership	4	106	.96	.60	.66

Table 2.

Descriptive Statistics for MAKSS Awareness and MEQ Experiences by Year in Training, Gender, and Diverse Group Membership

Cohort	Gender	Diverse Group Membership	MAKSS Awareness			MEQ Experiences		
			Mean	*SD*	*N*	Mean	*SD*	*N*
Pre-Practicum	Male	Diverse	54.00	1.41	2	29.14	1.21	2
		Non-Diverse	54.67	6.66	3	27.38	5.10	3
	Female	Diverse	55.62	3.89	8	31.38	4.75	8
		Non-Diverse	52.14	2.34	7	27.14	3.93	7
Practicum 1	Male	Diverse	58.63	5.04	3	32.67	2.52	3
		Non-Diverse	59.80	5.17	5	23.8	1.48	5
	Female	Diverse	56.25	2.87	4	28.25	5.91	4
		Non-Diverse	56.33	4.31	12	26.83	4.84	12
Practicum 2	Male	Diverse	51.56	3.62	2	27.50	7.78	2
		Non-Diverse	54.50	2.12	2	28.00	7.07	2
	Female	Diverse	55.80	6.14	5	31.80	3.83	5
		Non-Diverse	56.25	1.26	4	31.96	5.88	4
Pre-Internship	Male	Diverse	61.00	2.16	4	23.63	7.43	4
		Non-Diverse	54.67	2.08	3	25.67	5.13	3
	Female	Diverse	N/A	N/A	N/A	N/A	N/A	N/A
		Non-Diverse	60.20	3.03	5	29.80	4.55	5

Qualitative Study

Building on the quantitative findings that diversity awareness improved over the course of doctoral psychology training, qualitative methods were used to explore what students perceived as formative in building their diversity awareness including their own implicit biases as well as issues of power and privilege. Second, participants identified how these experiences influenced their relationships with clients with identity markers that differed from their own. Third, participants shared perceived definitions of cultural humility and outlined their ideas regarding the most effective ways for students to develop cultural humility. While some responses included experiences from childhood or experiences outside of the training program, program-specific experiences are the focus of this study (including relationships and interactions

with others from the training program). Response analysis showed significant overlap in responses to the questions regarding awareness of own implicit biases and issues of power privilege. Therefore, these questions were combined and synthesized within the larger construct of diversity awareness.

What was formative in building diversity awareness? These findings are organized into five categories including in-class experiences (e.g., class discussion, experiential assignments), client experiences (e.g., clinical work with clients that are different from therapist), supervision experiences (e.g., reflection and insight gained through supervision), program relationships (e.g., conversations and interactions with friends from the program), and general program experiences.

In-class experiences. Students reflected on experiential class assignments from which they gained insight, describing assignments which brought them into closer contact with others different from themselves, or built their insight into their own family heritage. From a course on multicultural therapy, participants reflected on an assignment for which students were asked to interview someone with differing cultural identity markers from their own. One racially diverse student described experiencing pity related to her own assumption that the individual had more hardships, alerting the student to her own biases.

> I was talking to a lady at church that we're friends with. She is black, originally born in Jamaica. And I remember, we were just talking about like growing up and our stories, and she was telling me how she was born in a household where they had servants and maids, and she didn't learn how to do laundry until she was away to college. And, you know, during that conversation I caught myself feeling surprised, like I assumed she was

> from Jamaica and that she was from a third world country and so therefore she grew up poor and that was not the case.

In that same course, another assignment involved a class visit to a mosque. One student from a racial/ethnic background recognized his own implicit bias when he asked a Middle Eastern classmate the name of an Islamic place of worship (assuming she would know, though she didn't actually practice Islam). He described this experience as an automatic assumption due to the person's looks and cultural upbringing.

> There was a Middle Eastern individual and an assignment that had to do with churches. I asked the Middle Eastern individual to clarify what the name of an Islamic place of worship was, but she wasn't Islamic. And so that was just me automatically assuming that she did because of what she looked like and her background.

In another course on family systems theory, one assignment is to complete a family genogram and interview members of the family of origin. One racially diverse student described that while she interviewed members of her family, she noticed a lack of power and privilege. She gained an appreciation for what they had overcome, and how her own accomplishments were dependent on their hard work rather than just her own merits.

> It was in family systems when we had to do the genogram and lay out our family. It was kind of the first time that I asked a lot of questions about family members that I didn't know too much about. It was seeing my Puerto Rican family's story, and then also my dad's story, and seeing how the opportunities that I have are because of them and because of the way they were able to work to where they are, and how that was such a big deal

> from my mom's side of the family, culturally just having so many barriers to get to where they are. And so it just gave me more of an appreciation for where I came from.

Client experiences. Next, participants described formative experiences with clients that increased their awareness.

One student reflected on the power and privilege inherent in doing an assessment independently with a child client, despite minimal interaction with the parent. The student quickly realized that because of her role at the site and the level of expertise assumed with her level of education, she was hardly asked any questions by the patient's mother. Essentially, she believed that the mother deemed her as safe due to her role and level of education.

> I remember specifically giving an assessment to a six year old and couldn't believe the mom just let me have her kid in the room with me by myself giving this assessment and then like taking my insights and recommendations for her child. And I was like, "Wow, they're giving me a lot of power and privilege in this moment." As a student still learning everything, I was like, "Wow, people really trust me and value my opinion."

One student from a majority culture background describe that related to her own awareness of power and privilege in how she interacts with clients with various identity markers. She described that being the expert in the room sometimes results in patients waiting to be told what to do instead of sharing their concerns and interests related to their care.

> Especially if they see me as a high figure, it may feel more like a lecture than a helping hand, even if that's not how I think it came across. I've noticed there's differences in how I interact when just moms or dads or both are there, and how I interact differently with kids in regard to gender, too.

Supervision experiences. Similar to other training opportunities, supervision was described to impact the students' awareness of their implicit biases, power, and privilege, including discussion of the topics in supervision as well as provision of resources and readings. Collectively, the participants shared how conversations with their supervisions about working with clients who are different from them has often led to deep self-reflection that has often led to increased awareness.

In one example, a student shared about a time when she felt "clumsy" working with a client from a different culture. She described feeling as though she could not get it right or figure out what would best help her client. Her supervisor introduced her to the concept of white fragility, which helped her understand what she had been feeling when working with the client. Her supervisor encouraged her to read articles and offered to continue discussing the topic with her.

> I think in the beginning of clinical work, it made me anxious. Like, I'd be thinking about, how the heck do I broach this conversation? Because I feel like this is important but I feel really clumsy right now. And as I've had more patients and as I've done that more, I feel like my anxiety has gone down. I was having a conversation with my supervisor about it and he was like, "Yep, white fragility. And it's a thing." And I think as I've gone along now thinking about power and privilege, I am starting to realize, "Yeah there is probably a power differential here." I think I'm becoming more open about it. I'm trying to be, be more honest about it and be like, is that important to you? Or like what does that mean for you? So it's kind of changed over time. I'm trying to admit mistakes more. There are some mistakes with clients that you want to gloss over. And I think in those relationships

> where there's a power differential I'm like, "Nope, use this clinically and admit the darn mistake." That's kind of where I'm at. I'm still figuring out what to do with it with a lot of clients.

Program relationships. Next, participants shared how their relationships with peers in the program have shaped and increased their understanding of their own implicit biases, through conversations, interactions, and empathy.

One student described learning that one of her classmates, an international student, could not receive student federal aid from the government and was having a hard time securing a private loan without United States citizenship. The student discussed feeling anger on her classmate's behalf, knowing that as a citizen of the United States her own funding was much easier to come by. She described the awakening awareness as "palpable".

> I think something that expanded how I thought about citizenship and realized more how that's a privilege was when someone in our cohort who is not a citizen lost her funding and needed to figure it out. I remember that I was really angry on her behalf, thinking how amazing she was and how I could just go get a student loan from the government and she couldn't. And so that was something that was very palpable.

Another student described being gay and his response to cultural pressure to "come out," describing an experience with a cohort Christmas party.

> I don't come out to people because why do I have to say, "Oh, by the way, I'm gay." No, really powerful. I hate that. Just because, why? Why is it my responsibility to do that? It's not like you meet somebody and they're like, 'Oh, hi, I'm straight.' I just, you know, go

about it as if it's normal. At our cohort's Christmas party last year, I brought my boyfriend with me and just introduced them to him. I didn't warn anybody.

General program experiences. Other experiences in the program more broadly were also discussed, with several students reporting that their time in clinical training was when they first began to understand the systemic nature of issues of power and privilege, through relocation from a different culture, through experiences of their own biases, and through being the object of unintentional assumptions based on their own identity markers.

Regarding their own experience of realizing their bias, one student described observing a panel who were introducing themselves and summarizing their own identity markers. As the student took notes, they realized they were making assumptions based on the identity markers being shared.

I remember the panel with the TAs for the first years where they share about their demographic markers. I have a really diverse family, but I was really caught off guard as I was taking notes and noticing my immediate responses to things they said or certain markers they had, thinking it must mean this. I had to stop and think "I need to keep listening because I'm making assumptions and judgments." I didn't realize that I did that.

Another student described the formative experience of relocating from a different part of the country, with different cultural expectations.

For me, it's been moving from another state to this state. I realized that the biases that I had, because I tend to be more conservative, were really challenged, just like politically and values-wise. I realized internally that I did have a lot of biases that were given to me and that I just took on as fact and truth.

Students reported that when they were the object of unintentional and incorrect assumptions, those experiences were notably formative. One student described how more verbally expressive and outgoing students seemed to hold more power and privilege.

> There is a specific kind of student that is rewarded, like kind of the quintessential successful grad student. You're super assertive in class and you always make your voice heard. And that's great if you're wired that way and you're really outgoing and want to share. But I think that there are other people who aren't like that, either culturally or disposition-wise.

A Korean student described the same phenomenon, including how they perceived their own identity markers to be in conflict with classroom and program expectations on engagement.

> My first year I was evaluated and they told me that I didn't participate in class as much. I don't want to generalize it to the Asian American community and my Korean community, but it was the way I was taught to interact in a classroom, not to be vocally active. It was more about really listening.

Another student with a white-sounding last name described not even noticing when she was an object of a false assumption (confusion as to what languages she spoke) related to the power and privilege of the faculty member making the assumption.

> I think it actually hit when a faculty member had asked me if I spoke Spanish, and I said, "Yeah." And she was like, "Oh, but your last name." And I was like, "Oh yeah, well my dad's white." So I had to explain why I knew Spanish. I realized just how authority kind of blinds me to things.

A Latina student described encountering assumptions about Latin/x lifestyles, grappling with his own privilege within Latin/x culture and the discrepancy between that and the assumptions that were made about him given his race/ethnicity.

> I first experienced it here. I began to notice my own privilege, and even my not having privilege when I was being pigeon-holed by people that my experience was like a certain Latina experience in American. But then I began to realize that me being a white-skinned Latina has a lot of privilege and power. I get very angry when people don't recognize that, devalue and demean the experience of a lot of Latinos in the program by saying that it's the same for all Latinos.

Finally, a white student shared about a pregnancy earlier in her training. She described most faculty as supportive, but had a couple of confusing experiences with male faculty members, who informed her of the option to extend her training program if she wanted to take time off. The student described that a male student in the program whose wife was pregnant was not given that information.

> I got pregnant in this program. I think everyone was trying to be supportive, but I had a couple of male professors say, "Oh, you know, you can take a year off… and dah dah." And there was another male student in our same cohort who his wife got pregnant pretty much around the same time. And I was talking to him and I'm like, "Are you thinking about taking time off like they're talking about?" And he was like, "What are you talking about?" Nobody told him about that. Thankfully there were other faculty who were very adamant about showing faith in me.

How have your experiences influenced your clinical work with clients? In addition to reflecting on formative experiences, students described how their experiences impacted their relationships with clients during their clinical training. These findings were organized into five themes including comfort (e.g., comfort asking questions, openness, less anxiety), awareness of their own biases and power (e.g., owning what you don't know, non-defensiveness and reflection on power dynamics in therapy), intentional rapport building (e.g., providing security, safety, collaborative ethos, improved empathy, and gaining trust), acceptance, and using more caution with recommendations (e.g., considering systems factors and being more client centered as opposed to orientationist).

Comfort. First, students described more comfort with self-reflection on diversity awareness, power, and privilege. Relatedly, they described more comfort discussing the topics in session with clients, using a collaborative approach and asking questions they were hesitant about initially. A racially diverse student shared how his increased awareness has benefitted him in his relationship with his clients:

> As far as insight, I think I wouldn't have even thought about kind of doing that before the program. I think I wouldn't have never have gotten the opportunity to do that. But I think the experience has helped me to become more comfortable, to be able to navigate and talk about that in the room with the client…
>
> (later in conversation) But I think after just being able to reflect and become more aware of myself and that power dynamic, whether it's from me or whether it's from others, I think the constant kind of opportunity to do that has given me more comfort to be able to

> self-reflect in sessions. And I think there's been times when I've even made mistakes because of my bias in sessions, but I was able to own that.

Another White student mentioned how she gained comfort asking questions to prevent making assumptions about clients. For this student, becoming comfortable with asking questions required being comfortable with her own lack of knowledge as the perceived expert in the room.

> I think I'm getting better with asking questions and not being afraid to, and there isn't an expectation that I have to have everything figured out. I put that pressure on myself before, where I don't understand this, but I don't want to be offensive by asking. And I think more often than not, people appreciate curiosity in that you want to know? So just asking questions when I'm not sure and honoring that.

Awareness. Students also highlighted how their experiences have prompted recognition of their own biases and discussed how the interpersonal dynamics of their therapeutic relationships improved when they felt more aware of their own biases (which may have prevented their ability to successfully establish rapport with previous clients or in previous sessions). They disclosed how awareness of their own implicit biases allowed them to think more thoroughly before making assumptions. Regarding their awareness of power and privilege, a white student shared about her increased comfort with bringing power dynamics into the therapy room. She described using the conversation about power dynamics as a therapeutic tool.

> I feel the more aware I am of my own power and privilege, I feel more comfortable bringing it into the room when I have more power than my client. Kind of bring that into awareness or vice versa when my client has more power than I do, because those

> dynamics are going to affect the relationship. So, in a way I feel more comfortable bringing them up and using them as a therapeutic tool.

A racially diverse student described how his awareness allows him to remain grounded and helps him to refrain from making assumptions about his clients.

> I can recognize where I have power in the relationship if it's age or if it's a circumstance where I can pass for white, but I try to come out of always asking why, why am I thinking that? Why is that my interpretation? Why did that person just to do it? Because it keeps me really grounded and remembering that they're unique and I should not make an assumption for them.

Another student shared how his awareness of power and privilege helps him to stay attuned to what is happening in the room with his clients.

> I think going on what a lot of people have said is the awareness and just even being aware enough of power and privilege to factor that in…(later in the conversation) Reflecting on the interpersonal dynamics between me and the client as well what their experience was like. Also taking what I said earlier, with the anxiety of walking into a group with my biases, taking that and using that to empathize with other people cause that's anxiety that I experience as a white male who already has a lot of privilege. So for somebody that probably has way more anxiety about the power difference, using that to try to empathize and get a better idea of what clients' experience.

Lastly, a racially diverse student shared their realization of noticing how much he did not know about power and privilege, and the influence of his authority on others.

> I think I'm definitely more aware just in general of how much I don't know and how much I can learn from my clients, and how just because of what they look like, they're not all the same. Where before this program, I don't think I had that. And even just like as you were saying, like being the authority in that room, I feel that with my individual clients, like even though I'm older than them, I still feel like that. But when I leave that room, I don't, I usually don't feel like I have a place of power. And so just being aware of like, I am the person in power in this room and I'm also realizing like my clients aren't all the same.

Rapport building. Third, students described how their approaches to rapport-building were impacted by their formative experiences. While rapport-building and gaining a client's trust set the foundation for all strong therapeutic alliances, the students discussed how important building rapport became with clients who were culturally different from them. One white student shared how her clients were all ethnically different from her and had experienced extensive trauma. Given these factors, she described being intentional about providing security and safety, facilitating trust in rapport-building.

> For me, every person that I see at my site is of a different ethnicity than me. And there's a lot of trauma and things that I have to be careful with, and make sure that they're feeling secure and that we have a good relationship…

This student also shared how they approach mandatory reporting in ways that support ongoing trust.

> I think making it more of a collaborative effort and helping them to realize it's for their safety, but it's still really hard. I always think about power in that position and how one

> incident can cause a rupture and then they might not come back and see me again because I had to do that.

Another student described the importance of curiosity and building trust with her clients. She believes that a humanistic orientation allows her to take a more curious approach in which she may learn more about her clients. With this approach, she takes longer to build rapport but sees it as an important step to not make assumptions or misuse her power.

> I favor a more humanistic orientation, and I tend to take a more curious approach, as opposed to telling them the big heavy things to do or what I think, at least not right away. I wait a long time to build trust before I do that because I don't want to misuse my power. Or make an assumption that that doesn't fit.

Acceptance. While working to be non-defensive and build rapport with clients, students discussed acceptance and compassion about how humans make assumptions and have biases that are shaped by their own experiences. A racially diverse student shared how she has become more accepting of the reality of human assumptions.

> For me, the way I look or my name, people won't jump to one type of like race, so I've had to just realize that people are going to have biases just like me. Going into it, they're not going to know necessarily what I am, whether they look at my name or at me. So just also understanding that whatever they're going to bring into the room, they grew up with the same stuff as I grew up with. And so it was kind of leveling it out, accepting it, and not feeling salty about it. Just knowing that if people think I'm Indian, they'll bring in whatever biases or experiences they've had with an Indian person. So just recognizing, "Oh, that's okay," and then moving on with it.

Using caution. Students explained how they also began to consider systems factors related to their clients presenting problems, treatment plans, and recommendations related to continued care. When discussing recommendations, interventions, and treatment plans, the students shared their ideas on the importance of considering clients diversity markers as well as systems factors. A racially diverse student shared about her caution in conceptualization, how it many prevent her from misusing power, but also how it is sometimes a barrier.

> When I work with clients, I'm just thinking in the back of my head constantly. I do not want any of my patients to ever feel anything that I've felt like in terms of like power and privilege and biases and things like that. So just being very aware of that and always keeping myself checked. Like, "Is this a bias that you have?" Just thinking about it constantly. It makes me a better clinician just being aware of that all the time. But it also sometimes gets in the way. If I'm constantly thinking about it, like, especially if I'm working with someone who's so underserved and so different that I just, sometimes it gets in into my head that they've had certain experiences, even though they may have not. And that might not be something that they want to be working on right now. So there are benefits and drawbacks too.

Students' definitions of cultural humility and effective ways for students to continue developing cultural humility? As outlined by Foronda et al. (2016) cultural humility is a process where one is self-aware, open, and incorporates critical self-reflection after interacting with diverse individuals. Collectively, participants provided broad definitions of cultural humility. Responses provided by participants included the following:

a) *"knowing that you don't know everything but always have a curious and non-judgmental attitude, being willing to ask questions and learn and know that you have biases, but you can change them"*

b) *"embracing and wanting to learn about other cultures"*

c) *"cultural curiosity"*

d) *"willingness to accept what you don't know and acknowledgement to learn more."*

Students generated several ideas regarding ways to foster student development of cultural humility, including continued exposure to different cultures, diversity training for supervisors, and more safe spaces where conversations about diversity are welcomed and encouraged.

Multicultural experiences. Students largely agreed that exposure to multiple cultures would be beneficial. By experiencing cultures different than their own, students are able to learn from a different worldview and broaden their understanding of diversity. One racially diverse student shared how exposure to different cultures has been helpful in her learning and skill development.

> More exposure to like different groups, different people. I think a lot of times in this program we are in our own little world and we don't really interact much with even the town as a whole or even different areas within the university. For me in the program, what's been most helpful was when we had the presenters come in and talk about their ethnic group or their religious group or whatever it was, and working with those different people, that was probably the best.

Supervisor trainings. Students described a desire to discuss diversity issues and multicultural topics with practicum supervisors, but some described practicum supervisors who

were not helpful resources due to their lack of training in this area. One white student who was introduced to the concept of white fragility by her practicum supervisor noted how many practicum supervisors are not helpful in navigating diversity topics or issues in supervision. Although she has reached out for consultation on important diversity questions related to her clients, she described her difficulty as someone from majority culture.

> Supervisors are not helpful in that regard. I've had a couple of practicum supervisors who take a very color-blind approach, and so I look at that like, "I will not be learning this way. There are other ways to learn but it's not going to be a supervision topic that we can discuss." And then at the same time, I don't know if it is just because I am a white person in the program and sometimes people just think I know but I'm like, "I don't want to ask somebody." And so sometimes depending on the relationship, I'll ask and be like, "Hey, can I get a consult?" Other times I'm like, "I don't want to do that all the time but at the same time you want to learn." And so, I've had my supervisor really encourage me to look up articles related directly to patients I have now. And you can't know everything, but I think actually like within existing relationships, like learning to pull in knowledge that can give you like a little bit of background so you can ask informed questions.

Spaces for dialogue. The students indicated that having more spaces where it is acceptable and encouraged to discuss diversity issues and experiences with faculty and other students in the program would be beneficial in their learning process. While pondering the question of how to continue developing cultural humility, one student noted, "I think in the program it would be helpful to have more spaces where that is acceptable and encouraged." There are, of course, logistical challenges in creating these opportunities, in balance with many

other required components of training. Additionally, the emotional intensity of these conversations requires a skilled facilitator. However, students described that when done well, everyone gains understanding, rather than shutting down the process once embarrassment, hurt, or defensiveness occur. One white student specifically discussed the importance of recognizing that conversations about diversity issues are hard, emphasizing the importance of staying in the conversation to learn from one another.

> I think being white and coming into the conversation, there's a lot of defensiveness, like when you first start thinking about it and engaging, and because you don't want to be the person or part of what's hurting people. I think something that has been helpful for me, I started thinking about it almost like exposure therapy. “This is really important and I'm going to feel like I don't know what I'm doing and I'm going to feel anxious about this. Especially the first time I have a conversation about this. But it's important and it's not always going to be this hard.” It doesn't mean it's going to get comfortable. I don't know. I think a lot of white people feel like, “If I feel anxious around this, I am just a bad person.” And the truth is, I feel like it's part of the process. I've seen white students who feel anxious and then I see them shut down, like completely shut down and I'm looking at that thinking, “Oh, you are so close.” I think that's something for the faculty to keep in mind in terms of increasing, like overall student engagement. Thinking about how white anxiety does shut that process down.

In addition, a racially diverse student shared what she has witnessed take place when these conversations have been halted by emotions.

> One thing I've learned is if you get offended (and you will), to not shut off or become segregated because of that. It's not easy to offend me. Everyone I encounter is going to have different opinions and some of them are going to bother me and some won't. Sometimes I see people get offended and they'll shut off, and they won't say anything. And so they'll segregate from whoever said that and their kind. And so just because this conversation is going to be tough, it's important to not shut down from it or be easily offended.

Regarding faculty efforts to keep these conversations "safe," one student noted how difficult that could be, but how imperative it is to have the conversations anyway.

> I think that's such an important piece to recognize that you can't keep it safe. Like this isn't a safe conversation. It's offensive because it's challenging everyone's biases on so many different identity markers that it's going to be offensive and it's going to hurt. But like you said, you have to have that rupture to repair. And I think that kind of like what I said earlier it's about being completely undefended, so undefended that you can be open. I think it's less about learning about other cultures. I think that's a part of that. I think exposure is big because it shows us how much we don't know. It's a humbling experience.

Students described the value of having diversity-related conversations across the curriculum and throughout each training year. One student said,

> I agree. I think it's a conversation that needs to happen all the time. It shouldn't be specific for a particular class in the curriculum because then that's the only moment we can talk about it. No, I think it should be spoken to across the board because it's everywhere and in everything you do and all of our interactions.

Another student shared, “I just think we need to keep talking about it, it just needs to keep developing. And I think that there is a lot of intentionality about wanting to do more and I think it's getting started.”

Chapter 4

Discussion

As the diversity complexion of the United States increases, the field of psychology is met with a demand to train culturally sensitive and competent psychologists who can meet the needs of the community. With only a small number of psychologists who identify as people of color, diversity awareness and sensitivity are vital to a psychologists' effectiveness. Doctoral psychology training programs have approached diversity training in various ways. This study is a program evaluation of one program's diversity training model. In this study, mixed methods were used to explore diversity experiences and awareness in doctoral psychology graduate students, including discussion of specific experiences during doctoral training that increased students' diversity awareness. First, a community survey on multicultural experiences and diversity awareness was completed. Second, focus groups were conducted to explore in more depth the experiences that have shaped and increased students' diversity awareness.

Quantitative Findings

Findings from the quantitative study indicated that for the most part, level of diversity awareness improved as students progressed in training with gender differences in the third year of training. However, students across levels of training reported similar levels of multicultural experiences. These findings correspond with past research that diversity training through courses and intensives significantly improve cultural competence for therapists (Castillo et al., 2007; Estrada et al., 2002).

Qualitative Findings

The qualitative study sought to explore the experiences that have shaped and increased students' diversity awareness, how these experiences have informed their work with clients, and what students felt were effective ways to promote the development of cultural humility.

Formative experiences. Students described that formative experiences occurred in a wide variety of training settings and relationships, including in class (and with experiential class assignments), with clients from practica, in supervision with licensed psychologists, within program relationships, and within informal interactions in the training community. This builds on past research on the limitations of diversity coursework alone in shaping cultural competence (Vereen et al., 2008). Within these formative experiences, students encountered people with cultural backgrounds different than their own, or encountered perspectives different from their own. These experiences increased students' diversity awareness, broadened understanding of their own biases, and built understanding of issues regarding power and privilege.

Findings on formative training experiences with clients at practica build on prior research on the importance of therapist acknowledgement of bias, including impacts on treatment planning and diagnosis (Tadmor et al., 2012) and therapeutic alliance (Mosher et al., 2017). Regarding formative experiences with supervisors, findings were consistent with past research on effective diversity supervision which fosters the development of clinical skills while also providing a model for discussing and processing diversity related topics with clients (Murray-Garcia et al., 2014). Lastly, seminar style intensives were described as helpful when they granted students the ability to discuss and learn from diversity experts in specialized settings throughout the field of psychology. In addition, some students formed mentoring relationships with experts

to continue their exposure to diversity topics and build on diversity concepts taught. This finding is consistent with research that states how diversity intensives allow students to integrate concepts taught in diversity courses (Stites & Warholic, 2014).

Impact on clinical work. Through their experiences, students noted an increase in comfort, awareness, rapport building, acceptance, and discernment when working with diverse clients. While the process of broadening awareness of one's biases, power, and privilege has been found to be emotionally intense (citation), students reported positive therapeutic outcomes in alliance with their clients. Past research has highlighted the importance of client-therapist relationship quality in positive psychotherapy outcomes (Norcross et al., 2014).

Training methods for cultural humility. While developing cultural humility is imperative for psychologists, the students discussed the ways in which those working in the field of psychology could continue developing cultural humility, including continued multicultural experience, training for clinical supervisors, and creating spaces for dialogue. This finding adds to previous studies that described how multicultural experience broadens cultural mindsets (Chao et al., 2015), and how new cultural experiences expose people to alternative values, norms, and behaviors from their own, resulting in reduction of stereotypes, increased interpersonal tolerance, and decrease of intergroup bias. In addition to multicultural experience, students suggested diversity training for supervisors, which has been found to improve confidence in recognizing and facilitating difficult dialogues (Sue & Constantine, 2007; Watt, 2007). With increased emotional intensity common in conversations regarding diversity topics, past research has outlined that the level of emotional arousal when engaging in a difficult dialogue limits the quality and amount of ongoing learning (Venner et al., 2015). Thus, care must be taken in

building spaces in the curriculum (and in informal settings) where difficult dialogues can occur, and the students represented in this study were highly interested in continuing these conversations. The value students place on these conversations is consistent with past research on the ways difficult dialogues support acknowledgement of issues of power and privilege, and increased empathy for others different than oneself (Sue et al., 2009; Murray-Garcia et al., 2014).

Limitations and Future Directions

While this study is among the first program evaluations exploring diversity training in a doctoral psychology program, some limitations were also observed. First, focus group sampling was limited by student availability (students being in a high-demand doctoral program have limited availability). Future studies would benefit from a broader sample of students (including more from non-diverse backgrounds, with varying levels of program involvement, and from various socioeconomic and disability backgrounds). Focus group recruitment also typically limits close relationships among the group members, which was not addressed in the recruitment of this study. Second, focus group interviews were conducted by a peer (a student currently enrolled in the program), which may have resulted in different findings than if an uninvolved third party facilitated the focus groups. Third, the quantitative study was cross-sectional in nature, so future research may benefit from a longitudinal design that follows a cohort over their years of graduate training. Finally, this study explored student perspectives and student experiences and awareness. Future research on this topic could explore the multicultural experiences, awareness, and implicit biases of psychology graduate faculty, examining the influence of faculty perspectives on diversity training.

References

Alsan, M., & Wanamaker, M. (2018). Tuskegee and the health of black men. *The Quarterly Journal of Economics, 133*(1), 407-455.

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58,* 377-402.

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct (2002, Amended January 1, 2017)*. Retrieved from http://www.apa.org/ethics/code/index.aspx

American Psychological Association. (2017). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. Retrieved from: http://www.apa.org/about/policy/multicultural-guidelines.pdf

American Psychological Association Commission on Accreditation (2015). Standards of accreditation for health service psychology. Retrieved from: https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf

Aragón, O., Dovidio, J., Graham, M., & Worthington, R. (2017). Colorblind and multicultural ideologies are associated with faculty adoption of inclusive teaching practices. *Journal of Diversity in Higher Education, 10*(3), 201-215.

Barker, G. (2015). Cross-cultural perspectives on intercultural communication competence. *Journal of Intercultural Communication Research, 45*(1), 1-18.

BEA Virtual Working Group. (2015). Preparing professional psychologists to serve a diverse public: A core requirement in doctoral education and training: A pedagogical statement. *Training and Education in Professional Psychology, 9,* 269-270.

Blair, S. (2017). Mapping intercultural competence: Aligning goals, outcomes, evidence, rubrics, and assessment. In D. K. Deardorff & L. A. Arasaratnam-Smith (Eds.) *Intercultural competence in higher education: International approaches, assessment, and application.* New York, NY: Routledge.

Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus groups in social research*. London, England: Sage.

Boysen, G., Vogel, D., Cope, M., Hubbard, A., & Stevenson, M. (2009). Incidents of bias in college classrooms: Instructor and student perceptions. *Journal of Diversity in Higher Education, 2*(4), 219-231.

Butler-Byrd, N., Rodolfa, E., Lowe, S., & Davis, C. (2010). An African American supervisor's reflections on multicultural supervision. *Training and Education in Professional Psychology, 4*(1), 11-15.

Castillo, L., Brossart, D., Reyes, C., Conoley, C., & Phoummarath, M. (2007). The influence of multicultural training on perceived multicultural counseling competencies and implicit racial prejudice. *Journal of Multicultural Counseling and Development, 35*(4), 243-254.

Chao, M., Kung, F., & Yao, D. (2015). Understanding the divergent effects of multicultural exposure. *International Journal of Intercultural Relations, 47*, 78.

Chu, J., Poon, G., Kwok, K., Leino, A., Goldblum, P., Bongar, B., & Roberts, M. C. (2017). An assessment of training in and practice of culturally competent suicide assessment. *Training and Education in Professional Psychology, 11*(2), 69-77.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data, complementary research strategies*. Thousand Oaks, CA: Sage.

Constantine, M., & Mallinckrodt, B. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54*(1), 1-16.

Corbie-Smith, G., Thomas, S., & St George, D. (2002). Distrust, race, and research. *Archives of Internal Medicine, 162*(21), 2458-63.

Crawford, E. (2011). *Stigma, racial microaggressions, and acculturation strategies as predictors of likelihood to seek counseling among black college students* (Doctoral Dissertation). Retrieved from Oklahoma State University Dissertations (https://hdl.handle.net/11244/7357).

Curtis-Boles, H., Bourg, E., & Rodolfa, E. R. (2010). Experiences of students of color in a graduate-level diversity course. *Training and Education in Professional Psychology, 4*(3), 204-212.

D'Andrea, M., Daniels, J., & Heck, R. (1991). *The Multicultural Awareness, Knowledge, and Skills Survey*. Honolulu, HI: University of Hawaii-Manoa.

Davis, T., & Harrison, L. M. (2013). *Advancing social justice: Tools, pedagogies, and strategies to transform your campus.* Hoboken, NJ: Wiley.

de Haan, A. M., Boon, A. E., de Jong, J. T. V. M., Geluk, C. A. M. L., & Vermeiren, R. R. J. M. (2014). Therapeutic relationship and dropout in youth mental health care with ethnic minority children and adolescents. *Clinical Psychologist, 18*(1), 1-9.

Delphin-Rittmon, M. E., Flanagan, E. H., Andres-Hyman, R., Ortiz, J., Amer, M. M., & Davidson, L. (2015). Racial-ethnic differences in access, diagnosis, and outcomes in public-sector inpatient mental health treatment. *Psychological Services, 12*(2), 158-166.

Estrada, A., Durlak, J., & Juarez, A. (2002). Developing multicultural counseling competencies in undergraduate students. *Journal of Multicultural Counseling and Development, 30*(2), 110-123.

Feagin, J. R. (2001). *Racist America: Roots, current realities, and future reparations*. New York, NY: Routledge.

Fisher, J., & Kalbaugh, C. (2011). Challenging assumptions about minority participation in US clinical research. *American Journal of Public Health, 101*(12), 2217-22.

Foronda, C., Baptiste, D., Reinholdt, M., & Ousman, K. (2016). Cultural humility: a concept analysis. *Journal of Transcultural Nursing, 27*(3), 210-217.

Fowers, B., & Davidov, B. (2006). The virtue of multiculturalism: personal transformation, character, and openness to the other. *American Psychologist, 61*(6), 581-594.

George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. *American Journal of Public Health, 104*(2), E16-31.

Ginsburg, M., Kompf, M., & Denicolo, P. (2013). *Critical issues in higher education.* Rotterdam, Holland: Sense.

Hays, P. (1996). Addressing the complexities of culture and gender in counseling. *Journal of Counseling and Development,* 74

Helms, J. (1990). *Black and white racial identity: Theory, research, and practice. Westport, CT: Greenwood Press.* (pp. 3-8).

Helms, J. E. (2007). Some better practices for measuring racial and ethnic identity constructs. *Journal of Counseling Psychology, 54*(3), 235-246.

Hook, J., Farrell, J., Davis, D., DeBlaere, C., Van Tongeren, D., Utsey, S., … Imel, Z. (2016). Cultural humility and racial microaggressions in counseling. *Journal of Counseling Psychology, 63*(3), 269-277.

Hook, J., Davis, D., Owen, J., & DeBlaere, C. (2017). *Cultural humility: Engaging diverse identities in therapy (First ed.).* Washington, DC: American Psychological Association.

Hook, J., Davis, D., Owen, J., Worthington, E., Utsey, S., & Tracey, T. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353-366.

Hook, J., & Watkins Jr., C., (2015). Cultural humility: the cornerstone of positive contact with culturally different individuals and groups? *American Psychologist, 70*(7), 661-662.

Hoskins, M. L. (2003). What unites us, what divides us? A multicultural agenda within child and youth care. *Child and Youth Care Forum, 32*, 319-336.

Hull, A., Cullen, R., & Hekelman, F. (1989). A retrospective analysis of grand rounds in continuing medical education. *Journal of Continuing Education in the Health Professions, 9*(4), 257-266.

Jackson, L. C. (1999). Ethnocultural resistance to multicultural training: Students and faculty. *Cultural Diversity and Ethnic Minority Psychology, 5,* 27-36.

Jiang, L., Manson, S. M., Dill E. J., Beals, J., Johnson, A., Huang, H., … Roubideaux, Y. (2015). Participant and site characteristics related to participant retention in a diabetes prevention translational project. *Prevention Science, 16*(1), 41-52.

Kelly, B., & Gayles, J. (2010). Resistance to racial/ethnic dialog in graduate preparation programs: Implications for developing multicultural competence. *College Student Affairs Journal, 29(*1), 75-85.

Lee, A., & Khawaja, N. (2013). Multicultural training experiences as predictors of psychology students' cultural competence. *Australian Psychologist, 48*(3), 209-216.

Miller, W., & Rollnick, S. (2013). *Motivational interviewing: Helping people change (3rd ed., Applications of motivational interviewing).* New York, NY: Guilford Press.

Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.

Mosher, D., Hook, J., Captari, L., Davis, D., DeBlaere, C., Owen, J., & Zimmerman, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations, 2*(4), 221-233.

Murray-Garcia, J., Harrell, S., Garcia, J., Gizzi, E., & Simms-Mackey, P. (2005). Self-reflection in multicultural training: Be careful what you ask for. *Academic Medicine, 80*(7), 694-701.

Murray-García, J., Harrell, S., García, J., Gizzi, E., Simms-Mackey, P., Barbarin, O., … Spaulding, W. (2014). Dialogue as skill: Training a health professions workforce that can talk about race and racism. *American Journal of Orthopsychiatry, 84*(5), 590-596.

Narvaez, D., Endicott, L., & Hill, P. (2009). The Multicultural Experiences Questionnaire. South Bend, IN: University of Notre Dame Press.

Norcross, J., Lambert, M., & Hilsenroth, M. (2014). Relationship science and practice in psychotherapy: Closing commentary, *Psychotherapy, 51*(3), 398-403.

Owen, J., Imel, Z., Tao, K., Wampold, B., Smith, A., & Rodolfa, E. (2011). Cultural ruptures in short-term therapy: Working alliance as a mediator between clients' perceptions of microaggressions and therapy outcomes. *Counseling and Psychotherapy Research, 11*(3), 204-212.

Owen, J., Tao, K., Imel, Z., Wampold, B., Rodolfa, E., & Brown, R. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology: Research and Practice, 45*(4), 283-290.

Renninger, S., Phillips, J., Magnus, K., Armstrong, S., Cahill, B., Herman, M., . . . Roberts, M. (2015). Outcomes of an organizational diversity initiative: Diversifying trainers to diversify psychology. *Training and Education in Professional Psychology, 9(*3), 229-234.

Roysircar, G., Dobbins, J., & Malloy, K. (2010). *Diversity competence in training and clinical practice.* (pp. 179-197). Washington DC: American Psychological Association.

Stites, S., & Warholic, C. (2014). Multicultural grand rounds: Competency-based training model for clinical psychology graduate students. *Psychology Learning & Teaching, 13*(3), 261-269.

Sue, D., & Anderson, N. (2013). Race talk: The psychology of racial dialogues, *American Psychologist, 68*(8), 663-672.

Sue, D., Capodilupo, C., & Holder, A. (2008). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice, 39*, 329-336.

Sue, D., Capodilupo, C., Torino, G., Bucceri, J., Holder, A., Nadal, K., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286.

Sue, D., & Constantine, M. (2007). Racial microaggressions as instigators of difficult dialogues on race: Implications for student affairs educators and students. *College Student Affairs Journal, 26*(2), 136-143.

Sue, D., Lin, A., Torino, G., Capodilupo, C., Rivera, D., & Nagayama Hall, G. (2009). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity and Ethnic Minority Psychology, 15*(2), 183-190.

Sue, D., Rivera, D., Watkins, N., Kim, R., Kim, S., Williams, C, & Zárate, M. (2011). Racial dialogues: Challenges faculty of color face in the classroom. *Cultural Diversity and Ethnic Minority Psychology, 17*(3), 331-340.

Sue, D., Torino, G., Capodilupo, C., Rivera, D., & Lin, A. (2009). How White faculty perceive and react to difficult dialogues on race: Implications for education and training. *The Counseling Psychologist, 37*(8), 1090-1115.

Tadmor, C., Hong, Y., Chao, M., Wiruchnipawan, F., Wang, W., & Smith, Eliot R. (2012). Multicultural experiences reduce intergroup bias through epistemic unfreezing. *Journal of Personality and Social Psychology, 103*(5), 750-772.

Taylor, P. (2016). *The next America: Boomers, millennials, and the looming generational showdown*. New York, NY: PublicAffairs.

Thompson-Brenner H., Franko D., Thompson D., Grilo C., Boisseau C., Roehrig J., … Cunningham, N. (2009). Reexamining the relationships between racial identity, cultural mistrust, help-seeking attitudes, and preference for a Black counselor. *Journal of Counseling Psychology, 56*(2), 330-336.

U.S. Census Bureau (2010) 2010 census. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&src=pt

Van Hoof, T., Monson, R., Majdalany, G., Giannotti, T., & Meehan, T. (2009). Improving medical grand rounds: Barriers to change. *Connecticut Medicine, 73*(9), 545-51.

Venner, K., Verney, S., & Brown, R. T. (2015). Motivational interviewing: Reduce student reluctance and increase engagement in learning multicultural concepts. *Professional Psychology: Research and Practice, 46*(2), 116-123.

Vereen, L., Hill, N., & McNeal, D. (2008). Perceptions of multicultural counseling competency: Integration of the curricular and the practical. *Journal of Mental Health Counseling, 30*(3), 226-236.

Waters, A., & Asbill, L. (August 2013). *Reflections on cultural humility*. CYF News. Washington, DC: American Psychological Association. Retrieved from http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural- humility.aspx

Watt, S. K. (2007). Difficult dialogues, privilege and social justice: Uses of the privileged identity exploration (PIE) model in student affairs practice. *College Student Affairs Journal, 26*, 114-125.

Wijeyesinghe, C., & Jackson, B. (2012). *New perspectives on racial identity development: Integrating emerging frameworks (Second ed.).* New York, NY: New York University Press.

Willow, R. A. (2008). Lived experience of interracial dialogue on race: Proclivity to participate. *Journal of Multicultural Counseling and Development, 36*, 40-51.

Wong, L., Wong, P., & Ishiyama, F. (2013). What helps and what hinders in cross-cultural clinical supervision: A critical incident study. *The Counseling Psychologist, 41*(1), 66-85.

Young, G. (2004). Dealing with difficult classroom dialogues. In P. Bronstein & K. Quina (Eds.), *Teaching gender and multicultural awareness* (pp. 437-360). Washington, DC: American Psychological Association.

Young, G., & Davis-Russell, E. (2002). The vicissitudes of cultural competence: Dealing with difficult classroom dialogue. In E. Davis-Russell (Ed.), *The California School of Professional Psychology handbook of multicultural education, research, intervention, and training* (pp. 37-53). San Francisco, CA: Jossey-Bass.

Appendix A

The Multicultural Awareness, Knowledge, and Skills Survey (MAKSS)*

The Multicultural Awareness, Knowledge, and Skills Survey (MAKSS) is a 60-item survey designed by Michael D'Andrea, Judy Daniels, and Ronald Heck, all from the University of Hawaii. Respond to all 60 items on the scale, even if you are not working with clients or actively conducting groups. Base your response on what you think at this time. Try to assess yourself as honestly as possible rather than answering in the way you think would be desirable. The MAKSS is designed as a self-assessment of your multicultural counseling awareness, knowledge, and skills.

1. Culture is not external but is within the person.	Strongly disagree	Disagree	Agree	Strongly agree
2. One of the potential negative consequences about gaining information concerning specific cultures is that students might stereotype members of those cultural groups according to the information they have gained.	Strongly disagree	Disagree	Agree	Strongly agree
3. At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?	Very limited	Limited	Good	Very good
4. At this point in your life, how would you rate your understanding of the impact of the way you think and act when interacting with persons of different cultural backgrounds?	Very limited	Limited	Good	Very good
5. How would you react to the following statement? While counseling enshrines the concepts of freedom, rational thought, tolerance of new ideas, and equality, it has frequently become a form of oppression to subjugate large groups of people.	Strongly disagree	Disagree	Agree	Strongly agree
6. In general, how would you rate your level of awareness regarding different cultural institutions and systems?	Very limited	Limited	Good	Very good
7. The human service professions, especially counseling and clinical psychology, have failed to meet the mental health needs of ethnic minorities.	Strongly disagree	Disagree	Agree	Strongly agree

8. At the present time, how would you generally rate yourself in terms of being able to accurately compare your own cultural perspective with that of a person from another culture?	Very limited	Limited	Good	Very good
9. How well do you think you could distinguish "intentional" from "accidental" communication signals in a multicultural counseling situation?	Very limited	Limited	Good	Very good
10. Ambiguity and stress often result from multicultural situations because people are not sure what to expect from each other.	Strongly disagree	Disagree	Agree	Strongly agree
11. The effectiveness and legitimacy of the counseling profession would be enhanced if counselors consciously supported universal definitions of normality.	Strongly disagree	Disagree	Agree	Strongly agree
12. The criteria of self-awareness, self-fulfillment, and self-discovery are important measures in most counseling sessions.	Strongly disagree	Disagree	Agree	Strongly agree
13. Even in multicultural counseling situations, basic implicit concepts, such as "fairness" and "health," are not difficult to understand.	Strongly disagree	Disagree	Agree	Strongly agree
14. Promoting a client's sense of psychological independence is usually a safe goal to strive for in most counseling situations.	Strongly disagree	Disagree	Agree	Strongly agree
15. While a person's natural support system (i.e., family, friends, etc.) plays an important role during a period of personal crisis, formal counseling services tend to result in more constructive outcomes.	Strongly disagree	Disagree	Agree	Strongly agree
16. How would you react to the following statement? In general, counseling services should be directed toward assisting clients to adjust to stressful environmental situations.	Strongly disagree	Disagree	Agree	Strongly agree
17. Counselors need to change not just the content of what they think, but also the way they handle this content if they are to accurately account for the complexity in human behavior.	Strongly disagree	Disagree	Agree	Strongly agree

18. Psychological problems vary with the culture of the client.	Strongly disagree	Disagree	Agree	Strongly agree
19. How would you rate your understanding of the concept of "relativity" in terms of the goals, objectives, and methods of counseling culturally different clients?	Very limited	Limited	Good	Very good
20. There are some basic counseling skills that are applicable to create successful outcomes regardless of the client's cultural background.	Strongly disagree	Disagree	Agree	Strongly agree

Appendix B

Multicultural Experiences Questionnaire (MEQ)

Please answer these questions according to your experience.

1. I travel out of the country

O 1 (Never) O 2 (1-2 times in my life) O 3 (3 or more times) O 4 (Regularly)

2. I want to travel outside of my country.

O 1 (Not true at all) O 2 O 3 O 4 O 5 (Very true)

3. I speak well

O 1 (1 language) O 2 (2 languages) O 3 (3 languages) O 4 (more than 3 languages)

4. I correspond currently with people from other countries

O 1 (Never) O 2 (1 country) O 3 (2-3 countries) O 4 (more than 3 countries)

5. I have friends from cultural-racial-ethnic backgrounds different than my own

O 0 friends O 1 friend O 2 friends O 3 friends O 4 friends O 5 or more friends

5b.How close are they?

O *Very close* O *Moderately close* O *Not very close*

6. I <u>want</u> to have friends from different cultural-racial-ethnic backgrounds.

O 1 (Not true at all) O 2 O 3 O 4 O 5 (Very true)

7. I work with people with cultural-racial-ethnic backgrounds different from my own.

O 1 (Never) O 2 O 3 O 4 O 5 (Always)

8. I go out of my way to hear/read/understand viewpoints other than my own.

O 1 (Never) O 2 O 3 O 4 O 5 (Always)

9. I try to get to know people who are different from me.

O 1 (Never) O 2 O 3 O 4 O 5 (Always)

10. I push myself to explore my prejudices and biases.

O 1 (Never) O 2 O 3 O 4 O 5 (Always)

11. Discussing issues of discrimination, racism and oppression makes me uncomfortable.

O 1 (Never) O 2 O 3 O 4 O 5 (Always)

12. I have had courses in intercultural communication.

O 0 courses O 1 course O 2 courses O 3 or more courses

13. I have lived in a contrasting community (with a very different culture from my own).

O 0 O 1-2 months O 3-6 months O 6-9 O over 9 months

13a. How many times? _____

*13b. How many different countries?*_____

14. I pay attention to news about the world beyond the U.S.A.

O 1 (Never) O 2 (Rarely) O 3 (Sometimes) O 4 (Frequently) O 5 (Always)

15. I enjoy media and art from different cultures

O 1 (Never) O 2 (Rarely) O 3 (Sometimes) O 4 (Frequently) O 5 (Always)

ADDITIONAL QUESTIONS (not part of the MEQ):

16. In terms of the amount of discrimination that exists, I rate the following:

In my country this group faces…	**1 (No discrimination)**	**2**	**3**	**4**	**5 (Lots of discrimination)**
Native American	1	2	3	4	5
Hispanics/Latinos	1	2	3	4	5
Black	1	2	3	4	5
White/Caucasian	1	2	3	4	5
Asian	1	2	3	4	5
South Asian	1	2	3	4	5
Immigrants	1	2	3	4	5
Women	1	2	3	4	5
Men	1	2	3	4	5
Homosexuals	1	2	3	4	5
Lesbians	1	2	3	4	5
Conservatives	1	2	3	4	5
Liberals	1	2	3	4	5
Fundamentalists	1	2	3	4	5
Right-wing groups	1	2	3	4	5
Left-wing groups	1	2	3	4	5

17. My feelings towards these groups

My feelings towards this group are:	**1 (Very negative)**	**2**	**3**	**4**	**5 (Very positive)**
Native American	1	2	3	4	5
Hispanics/Latinos	1	2	3	4	5
Black	1	2	3	4	5
White/Caucasian	1	2	3	4	5
Asian	1	2	3	4	5
South Asian	1	2	3	4	5
Immigrants	1	2	3	4	5
Women	1	2	3	4	5
Men	1	2	3	4	5
Homosexuals	1	2	3	4	5
Lesbians	1	2	3	4	5
Conservatives	1	2	3	4	5
Liberals	1	2	3	4	5
Fundamentalists	1	2	3	4	5
Right-wing groups	1	2	3	4	5
Left-wing groups	1	2	3	4	5

Appendix C

Focus Group Questions

1. Describe a formative experience that increased your awareness of your own implicit biases.
2. Describe a formative experience that increased your awareness of issues of power and privilege.
3. How do those experiences influence your therapeutic relationship with clients who are different from you?
4. How do you define cultural humility?
5. What do you think is the most effective way to continue developing cultural humility?

Appendix D

Informed Consent for Quantitative Study

Researchers: Chloe' Freeman, Annika Johnson, Christabel Leonce, and Sylvia Ramirez (supervised by Marie-Christine Goodworth, licensed psychologist)

This study seeks to gather information about diversity awareness and multicultural experiences of psychology graduate students. Participation is voluntary and requires completion of 35 multiple-choice items as well as a brief demographic questionnaire. Participation should take 10-15 minutes.

Although the survey poses minimal risk, participants can discontinue if the content of the survey causes any discomfort. It is important for you to know that all identifying information will be removed from this data and results will be analyzed in aggregate. This study has been approved by the George Fox University Human Subjects Research Committee.

If you have any questions or concerns about the research, you may contact Chloe' Freeman at cfreeman15@georgefox.edu.

Your completion of the survey confirms your consent to participate in this anonymous survey.

Appendix E

Informed Consent for Qualitative Study

Diversity Awareness and Multicultural Experiences of Psychology Graduate Students

Researchers: Chloe' Freeman, Annika Johnson, Christabel Leonce, and Sylvia Ramirez (supervised by Marie-Christine Goodworth, licensed psychologist)

This study seeks to gather information about diversity awareness and multicultural experiences of psychology graduate students. Participation is voluntary and requires completion of 5 open ended questions. Participation should take 30-45 minutes.

Data collected will be audio recorded, and consents will be signed, but no demographic information will be collected, in order to protect the confidentiality of the students who participate. The data will be transcribed using a secure transcription service. Because of these safeguards for confidentiality, however, participants may not retract their participation once the focus group has ended.

There are no risks associated with the study, outside of the potential for slight emotional discomfort when reflecting on one's own diversity awareness and multicultural experiences. This study has been approved by the George Fox University Human Subjects Research Committee.

If you have any questions or concerns about the research, you may contact Chloe' Freeman at cfreeman15@georgefox.edu.

By signing below, I agree to participate in this research project:

_____ _____

(Participant signature) (Date)

Appendix F

Curriculum Vitae

CHLOE' FREEMAN

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EDUCATION

Doctor of Clinical Psychology (PsyD), George Fox University; Newberg, Oregon
Anticipated April 2020
Dissertation: *Diversity Awareness and Multicultural Experiences in Psychology Graduate Students*
Advisor: Celeste Jones, PsyD, ABPP

Master of Arts, George Fox University; Newberg, Oregon; April 2017
Concentration: Clinical Psychology

Master of Health Sciences; Louisiana State University Health Sciences Center; New Orleans, Louisiana; May 2015
Concentration: Clinical Rehabilitation and Counseling

Bachelor of Arts, University of Louisiana at Monroe; Monroe, Louisiana; December 2012
Concentration: Psychology

SUPERVISED CLINICAL EXPERIENCE

Fourth Year Oversight, George Fox University; Newberg, Oregon
August 2018 – current
Provide clinical oversight of second year PsyD student including supporting the development of clinical and assessment skills, as well as professional development
Provide formative and summative feedback on clinical and professional skills with formal and informal evaluations
Supervisors: Mary Peterson, PhD, ABPP; Glena Andrews, PhD; Roger Bufford, PhD

LEND Trainee, Leadership Education in Neurodevelopmental and Related Disabilities at Oregon Health and Sciences University; Portland, Oregon
June 2018 – current
Work collaboratively on an interdisciplinary team to provide care for infants, children, and adolescents with neurodevelopmental disabilities
Participate in interdisciplinary processes of developing, evaluating, and implementing programs to support children with disabilities and their families to achieve desired outcomes
Supervisor: Mina Nguyen- Driver, PsyD

Psychology Practicum Trainee, Oregon Health & Science University Doernbecher Children's Hospital; Newberg, Oregon

June 2018 – current
Conduct neuropsychology assessments on children with a diagnostic range of medical conditions
Conduct diagnostic intake interviews
Write reports weekly with diagnoses and treatment recommendations for physicians, families, and schools
Supervisors: Mina Nguyen-Driver, PsyD and Amanda Wagner, PhD

Behavior Health Consultant, Childhood Health Associates of Salem; Salem, Oregon
July 2017 – current
Engage in warm hand and cold hand-offs (e.g. going in to each medical visit with a physician and providing immediate intervention based on presenting concerns)
Provide brief intervention using empirically supported practice, such as Cognitive Behavioral Therapy, Motivational Interviewing, and Acceptance & Commitment Therapy and train parents in evidenced-based parenting skills.
Teach psychoeducational classes/groups for clinic and community.
Treat patients for behavioral concerns as well as mental health, medication management, and crisis
management
Train parents in evidence-based parenting skills and provide support for parenting concerns.
Coordinate care among a multidisciplinary team including doctors, nurses, medical assistants, caseworkers, and administrative staff.
Engage in monthly peer-to-peer supervision and county meetings.
Engage in program development projects to increase workflow, patient and provider knowledge and
understanding of behavioral health, and behavioral health services delivered.
Create treatment plans individualized to patient needs
Supervisor: Joel Lampert, PsyD, LPC, NCC

Evaluator, Good Samaritan Athletic Medicine at Oregon State University (OSU); Albany, Oregon
June 2017 – July 2017
Conduct neuropsychological assessments on football athletes to establish baseline concussion data and screen for ADHD, LD and possible psychiatric distress
Collaborate with psychometrician to score neuropsychological batteries
Supervisors: Robert Fallows, PsyD, ABPP

QMHP/ Behavioral Health Crisis Consultation Team Member, George Fox University; Newberg, Oregon
December 2016 – current
Provide crisis consultation, assessment, and intervention for two major medical centers (emergency department, intensive care unit, labor and delivery unit, and medical/surgical unit), law enforcement, and mental health agencies within the local county
Complete hospital risk assessments, cognitive evaluations, and other assessments with patients of varying age, gender, sexual orientation, ethnicity, and socioeconomic status
Provide consultation for medical personnel pertaining to psychodiagnostic clarity, mental status, and level of risk
Work collaboratively with medical personnel and Yamhill County staff to develop appropriate discharge plans for patients as well as to find appropriate placement for at-risk individuals
Document clinical notes in an electronic medical record system

Implement psychiatric hospitalization, respite care, sub-acute psychiatric placement, or alternative intervention placements for high-risk, suicidal, or cognitively decompensated patients under supervision of a licensed psychologist
Engage in, plan, and facilitate monthly didactics for continuation of training and development
Supervisors: Mary Peterson, PhD; Bill Buhrow, PsyD; Joel Gregor, PsyD; Luann Foster, PsyD

Graduate Student Therapist, George Fox University Health and Counseling Center; Newberg, Oregon
November 2016 – April 2017
Provide weekly individual therapy to undergraduate students
Conduct psychodiagnostic assessments
Write assessment reports
Conduct diagnostic intake interviews, develop treatment plans, and dictate formal intake information,
clinical progress notes, and assessment reports
Supervisors: William Buhrow, PsyD and Luann Foster, PsyD

Student Therapist, Yamhill Carlton Intermediate School; Yamhill, Oregon
August 2016 – October 2016
Provide therapy sessions to adolescent students from diverse cultural backgrounds
Supervisor: Elizabeth Hamilton, PhD

Evaluator, Portland Prep; Lake Oswego, Oregon
January 2016 – April 2016
Facilitate the administration and collection of pre-and post-questionnaires
Collect and organize clinical interview intake information
Supervisor: Celeste Jones, PsyD

Pre-Practicum Therapist, GFU Graduate Department of Clinical Psychology; Newberg, Oregon
January 2016 – April 2016
Provide weekly individual psychotherapy in a counseling setting, utilizing person-centered therapeutic techniques
Conduct diagnostic intake interviews, developed treatment plans, and wrote formal intake and progress reports
Attend weekly group and individual supervision with an advanced graduate student supervised by a licensed clinical psychologist
Review videotaped sessions and presented cases
Supervisors: Glena Andrews, PhD, and Julia Terman, MA

Behavioral Health Practicum Student, Grace House of New Orleans; New Orleans, Louisiana
January 2015 – May 2015
Facilitate group and individual therapy for clients in residential substance abuse treatment
Complete session notes and treatment plans for client files
Develop psychoeducational programs to aid clients in their journey to sobriety
Assist clients with creating resumes and searching for employment
Supervisors: Megan McLean, LMSW; Jan Case, PhD; Henry McCarthy, PhD

LEND Trainee, Leadership Education in Neurodevelopmental and Related Disabilities at Louisiana State University Health Sciences Center; New Orleans, Louisiana
August 2014 – May 2015

Work collaboratively on an interdisciplinary team to provide care for infants, children, and adolescents with neurodevelopmental disabilities ages birth to twelve
Participate in interdisciplinary processes of developing, evaluating, and implementing programs to support children with disabilities and their families to achieve desired outcomes
Attend the April 2015 Disability Policy Seminar
Help design a weekend workshop in which children and adolescents with disabilities could engage, interact, and learn
Supervisor: George Hebert, PhD

Behavioral Health Intern, Council on Alcohol and Drug Abuse of Greater New Orleans; New Orleans, Louisiana
August 2014 – December 2014
Conduct group therapy sessions within a local jail with male inmates
Work as part of a multidisciplinary team within a local jail
Teach psychoeducation groups for community
Supervisors: Amanda Walker, MHS, LAC, LPC-S, CCS; Jan Case, PhD; Henry McCarthy, PhD

TEACHING EXPERIENCE

Graduate Teaching Assistant, GFU Graduate School of Clinical Psychology; Newberg, Oregon
August 2018 – current
Serve as TA for PsyD 552: Cognitive Behavioral Psychotherapy

RELATED WORK EXPERIENCE

Assessment Counselor, Cedar Hills Hospital; Portland, Oregon
March 2016- current
Conduct intake assessment for patients admitting to inpatient psychiatric facility and chemical dependency detox program
Use diagnostic tools to determine appropriate level of care
Collaborate with medical staff including psychiatrists and nurses to admit patients for treatment
Assist in treatment planning and work on a multidisciplinary team to coordinate patient care

PROFESSIONAL PRESENTATIONS GIVEN

OPA Diversity Committee, (2018). Sustainability, diversity, and self-care: Navigating personal and professional stressors as diverse psychologists. Symposium present at the annual Oregon Psychological Association, Portland, Oregon.

Hoffman, L., Peters, K., **Freeman, C.,** & Jones, C. (2018). *Building a Bridge: Increasing Access to Child Assessment Among Minorities.* Presented at the annual Oregon Psychological Association, Portland, Oregon. Diversity Award winner.

Freeman, C., Leonce, C., Karam, S. (2017). *Outcomes of a Pediatric Family-Based Weight Management Group.* Presented at Oregon Psychological Association, Eugene, OR.

Lowen, J., **Freeman, C.,** Karam, S., McDougall, K., Kivel, M., (2017). *A healthy lifestyle course: Obesity prevention and intervention*. Symposium presented at the

Salem Hospital Community Health Education Center. Salem, OR.

Mauldin, J., Karam, S., **Freeman, C.,** McDougall, K., Kivel, M., (2017). *Autism Throughout Childhood*. Symposium presented at the Salem Hospital Community Health Education Center. Salem, OR.

PUBLICATIONS

Hoffman, L., Peters, K., **Freeman, C.,** & Jones, C. (January 2018). *Building a Bridge: Increasing Access to Child Assessment Among Minorities.* OPA August 2018 newsletter.

PROFESSIONAL PRESENTATIONS/TRAININGS ATTENDED

Pengally, S. (2018, October 10). *Old pain in new brains.* Grand Rounds presentation at George Fox University, Newberg, OR.

McMinn, M., & McMinn, L. (2018, September 26). *Spiritual formation and the life of a psychologist: Looking closer at soul-care*. Grand Rounds presentation at George Fox University, Newberg, OR.

Frizzell, W., & Chien, J., (2018, April 24). *Gun violence and mental illness: Identify facts and misconceptions.* Presentation at Oregon Health & Sciences University Psychiatry Grand Rounds, Portland, OR.

Witzemann, R. (2018, March 6). *The Genetics of Alcoholism*. Presentation at Oregon Health & Sciences University Psychiatry Grand Rounds, Portland, OR.

Taloyo, C. (2018, February 14). *The history and application of interpersonal psychotherapy*. Grand Rounds presentation at George Fox University, Newberg, OR.

Kuhnhausen, B. (2018, January, February, March, April). Attachment in Psychotherapy [Certificate Graduate Course]. George Fox University; Newberg, Oregon.

ISPS-US. (2017, November 17). *Psychosis in Context: Exploring Intersections in Diverse Identities and Extreme States.* Training presented by The International Society for Psychological and Social Approaches to Psychosis- United States Chapter, Portland, OR.

Sordahl, J. (2017, November 8). *Telehealth*. Colloquium presentation at George Fox University, Newberg, OR.

Gil-Kashiwabara, E. (2017, October 11). *Using community based participatory research to promote mental health in American Indian/Alaska Native children, youth and families*. Grand Rounds presentation at George Fox University, Newberg, OR.

Seegobin, W., Peterson, M., McMinn, M., & Andrews, G. (2017, March 22). *Difficult dialogues*. Diversity Grand Rounds presentation at George Fox University, Newberg, OR.

Warford, P., & Baltzell, T. (2017, March 1). *Domestic violence: A coordinated community response*. Grand Rounds presentation at George Fox University, Newberg, OR.

Brown, S. (2017, February 8). *Native self-actualization: Its assessment and application in therapy*. Colloquium presentation at George Fox University, Newberg, OR.

Bourg, W. (2016, November 9). *Divorce: An attachment trauma*. Grand Rounds presentation at George Fox University, Newberg, OR.

Flachsbart, C., & Mauldin, J., (2016, May 7). *Child, Adolescent, and Pediatric Psychology Bootcamp*. Training presentation at George Fox University, Newberg, OR.

Jenkins, S. (2016, March 16). *Managing with diverse clients*. Diversity Grand Rounds presentation at George Fox University, Newberg, OR.

SBIRT (Screening, Brief Intervention, and Reference to Treatment). (2016, March 16). Training at George Fox University, Newberg, OR.

CAMS (Collaborative Assessment and Management of Suicidality) Training at George Fox University, Newberg, OR. 11 March 2016.

Hall, T., & Janzen, D. (2016, February 17). *Neuropsychology: What do we know 15 years after the decade of the brain? and Okay, enough small talk. Let's get down to business!* Colloquium presentation at George Fox University, Newberg, OR.

Mauldin, J. (2015, October 21). *Let's talk about sex: Sex and sexuality with clinical applications*. Grand Rounds presentation at George Fox University, Newberg, OR.

Hoffman, M. (2015, September 30). *Relational psychoanalysis and Christian faith: A heuristic faith*. Colloquium presentation at George Fox University, Newberg, OR.

Krull, T. (2014, March 15). *Play Therapy*: *Theory, Techniques, and Translation.* Training presentation at Loyola University, New Orleans, LA.

Landreth, G. (2014, March 14). *Child Parent Relationship Therapy: A Ten Session Filial Therapy Model*. Training presentation at Loyola University, New Orleans, LA.

ACADEMIC LEADERSHIP AND VOLUNTEER WORK

Member, Orientation Committee, GFU Graduate Department of Clinical Psychology; Newberg, Oregon; April 2018 – August 2018

Member at Large, Student Council; Graduate School of Clinical Psychology; Newberg, Oregon; March 2017 – current

Coordinator, Multicultural Committee; Graduate School of Clinical Psychology; Newberg, Oregon; March 2017 – current

Trainer, Behavioral Health Crisis Consultation Team; Graduate School of Clinical Psychology; Newberg, Oregon; March 2017 – current

Member, Child and Adolescent Student Interest Group; Graduate Department of Clinical Psychology; Newberg, Oregon; October 2016 – current
Member, Health Psychology Student Interest Group; Graduate Department of Clinical Psychology; Newberg, Oregon; September 2016 – current
Student Host, GFU Graduate Department of Clinical Psychology; Newberg, Oregon September 2016 – current
Member, Neuropsychology Student Interest Group; Graduate Department of Clinical Psychology; Newberg, Oregon; August 2016 – current
Student Mentor, GFU Graduate Department of Clinical Psychology; Newberg, Oregon June 2016 – current
Member, Admissions Committee, GFU Graduate Department of Clinical Psychology; Newberg, Oregon October 2015 – March 2016; October 2017– March 2018
Member, Multicultural Committee, GFU Graduate Department of Clinical Psychology; Newberg, Oregon; August 2015 – March 2017
Serve Day volunteer, George Fox University; Newberg, Oregon September 9, 2015; September 14, 2016; September 13, 2017; and September 12, 2018.

ACADEMIC AWARDS AND HONORS

Qualified Mental Health Provider, George Fox University; April 2017
Individual & Cultural Diversity Competency Award, Oregon Psychological Association Conference; May 2018

PROFESSIONAL AFFILIATIONS

APA Division 37 (American Psychology– Society for Child and Family Policy and Practice); November 2017 – current
APA Division 221 (American Psychology – Pediatric Rehabilitation Psychology); October 2017 – present
APA Division 35 (American Psychology – Society for the Psychology of Women); October 2017 – present
APA Division 7 (American Psychology – Developmental Psychology); October 2017 – current
APA Division 351 (American Psychology – Psychology of Black Women); October 2017 – current
Oregon Psychological Association (OPA- Diversity Committee); April 2016 – current
American Psychological Association (APA); October 2015 – current

ASSESSMENT COMPETENCY

16 Personality Factors (16PF)
Achenbach Adult Self-Report for Ages 18-59 (ASR)
Adaptive Behavior Assessment System- Third Edition (ABAS-III)
A Developmental Neuropsychological Assessment, 2nd Edition (NEPSY-II)
Adult ADHD Self-Report Scale (ASRS)
Advanced Clinical Solutions Word Choice Effort Test
Assessment, Evaluation, and Programming System for Infants and Children, 2nd Ed.
Bayley Scales of Infant and Toddler Development, 3rd Edition
Beck Anxiety Inventory (BAI)
Behavior Assessment System for Children, 3rd Edition (BASC-3)

Behavioral and Emotional Screening System for Teacher Grades K-12 / Student Grades 3-12
Beck Depression Inventory – II (BDI-II)
Behavior Rating Inventory of Executive Function, 2nd Edition (BRIEF-2)
Behavior Rating Inventory of Executive Function, Adult Version (BRIEF-A)
Self-Report and Observer
Behavior Rating Inventory of Executive Function, Self-Report (BRIEF-SR)
(The) Booklet Category Test
Benton Judgment of Line Orientation
Boston Naming Test, 2nd Edition
California Verbal Learning Test, 2nd Edition, Adult Version (CVLT-II)
Child Depression Inventory, Second Edition (CDI-2), Short Form
Children's Memory Scale (CMS)
Clinical Global Index (CGI)
Collaborative Assessment and Management of Suicidality (CAMS)
Columbia Suicide Severity Rating Scale (C-SSRS)
Comprehensive Test of Nonverbal Intelligence, 2nd Edition (CTONI-2)
Conner's Adult ADHD Rating Scale – Self-Report: Long Version (CAARS—SR:L)
Conner's Adult ADHD Rating Scale – Observer: Long Version (CAARS—O:L)
Conners' Child ADHD Rating Scale
Conners' Child ADHD Diagnostic III
Conner's Continuous Performance Test, 3rd Edition (CPT-3)
Delis-Kaplan Executive Function System (D-KEFS)
F-A-S Test of Phonemic Fluency
Fairy Tale Test
Generalized Anxiety Disorder 7 scale (GAD-7)
Grooved Pegboard Test
House-Tree-Person Projective Drawing Technique
Millon Clinical Multiaxial Inventory, 3rd Edition (MCMI-III)
Millon Clinical Multiaxial Inventory, 4th Edition (MCMI-IV)
Minnesota Multiphasic Personality Inventory, 2cd Edition (MMPI-2)
Minnesota Multiphasic Personality Inventory, 2cd Edition, Revised Form (MMPI-2-RF)
Mini Mental Status Exam (MMSE)
Montreal Cognitive Assessment (MoCA)
Multidimensional Anxiety Scale for Children, Second Edition (MASC-ll), Parent Report
Patient Health Questionnaire – 9 (PHQ-9)
Peabody Picture Vocabulary Test – Fourth Edition (PPVT-4)
Personality Assessment Inventory (PAI)
Rey-Osterreith Complex Figure Test and Recognition Trial Test (RCFT)
Saint Louis University Mental Status (SLUMS)
Screening, Brief Intervention, Referral to Treatment (SBIRT)
Screen for Childhood Anxiety Relayed Emotional Disorders (SCARED)
Saint Louis University Mental Status (SLUMS)
Session Rating Scale (SRS V.3.0)
Short-Term Assessment of Risk and Treatability (START)
Social Responsiveness Scale, Second Edition (SRS-2), Parent Report
Stanford-Binet Intelligence Scale-5
Stroop Color and Word Test
Test of Memory Malingering (TOMM)

The Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI)
Trail Making Test A&B
Vineland Adaptive Behavior Scales
Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)
Wechsler Abbreviated Scale of Intelligence, 2nd Edition (WASI-II)
Wechsler Individual Achievement Test, 3rd Edition (WIAT-III)
Wechsler Intelligence Scale for Children, 5th Edition (WISC-V)
Wechsler Memory Scale, 4th Edition (WMS-IV)
Wechsler Preschool and Primary Scale of Intelligence – Fourth Edition (WPPSI-IV)
Wide Range Assessment of Memory and Learning, 2nd Edition (WRAML-2)
Wisconsin Cart Sort Test (WCST)
Woodcock-Johnson, 4th Edition (WJ-IV), Tests of Cognitive Abilities and Tests of Achievement

DIVERSITY TRAINING

Attended Site Visit Diversity Training Models; Center for Multicultural Mental Health (CMMH) of Boston University School of Medicine and Boston Medical Center; October 2017.

Kauffman, A., & Braham, S. (2016, November 18). *Working with Multicultural Clients with Acute Mental Illness.* Training presentation at Cedar Hills Hospital, Portland, OR.

Member, Multicultural Committee; GFU Graduate Department of Clinical Psychology; September 2016 – present

TECHNOLOGICAL SKILLS

Familiar with various Electronic Medical Records systems: Epic, Avatar, Titanium, Compass (Cenlar), and Rain Tree

PROFESSIONAL REFERENCES

Joel Lampert, PsyD., LPC, NCC
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Childhood Health Associates of Salem
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Mary Peterson, PhD, ABPP
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Professor of Clinical Psychology
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Glena Andrews, PhD
Director of Clinical Training
Professor of Clinical Psychology
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Graduate Department of Clinical Psychology
gandrews@georgefox.edu
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*Additional references available upon request